



Urban District of Rothwell.

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH
(HUGH STEVENSON, M.B.)

THE

SANITARY INSPECTOR
(E. F. MOORHOUSE)

AND THE

HEALTH VISITORS
(Misses JOLLY and ABRAM).

1921.

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STATISTICAL MEMORANDA FOR 1921.

HOUSES.

Area in Acres	6,024
Population (1921)	15,500
Number of Inhabited Houses in District end of 1921	..	..	..	..	..	..	..	3,310
Number of Families or Separate Occupiers (1921)	..	..	..	..	..	..	..	Census returns not yet to hand
Rateable Value	..	..	..	..	..	..	..	£96,240
Sum represented by a Penny Rate	..	..	..	..	..	..	..	£330

BIRTHS.

Legitimate	193 Males, 168 Females)	..	..	..	..	..	..	370
Illegitimate	5 " 4 "	..	..	..	..	..	..	23.87
Birth Rate (R.G.)	..	..	..	..	..	..	..

DEATHS.

Total 183—93 Males, 90 Females	..	..	..	..	..	..	..	183
Death Rate (R.G.)	..	..	..	..	..	..	..	11.80
Specify any unusual or excessive mortality during the year which has received or required comment	..	..	..	..	..	..	..	Nil.
Zymotic Death Rate	..	..	..	..	..	..	..	0.58

INFANTILE DEATHS.

Deaths of Infants under one year of age per 1,000 births—	..	..	..	..	..	..	..
Legitimate 32 ; Illegitimate, 0	..	..	..	..	..	..	..	32
Infantile Death Rate	..	..	..	..	..	..	..	86

STAFF OF HEALTH DEPARTMENT.

*HUGH STEVENSON, M.B., C.M. (Part-time Officer)	Medical Officer of Health. Medical Superintendent to the Roth- well, Hunslet and Methley Joint Isolation Hospital.
*†E. F. MOORHOUSE, Cert. San. Insp., Meat Inspector and in San. Science	Chief Sanitary Inspector. Superintendent of Cleansing.
†L. HAMMOND, Cert. R.S.I.	.. Assistant Sanitary Inspector.
*†Miss M. E. JOLLY, C.M.B., Cert.H.V.	Health Visitor.
*†Miss E. ABRAM, C.M.B.	.. Health Visitor.
†Miss W. M. WARD	.. Clerk.

* Contributions towards salaries of these Officers paid under the Public Health Act.

† Full-time Officer.

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Summary of Nursing Arrangements in the Rothwell Urban District.

PROFESSIONAL NURSING IN THE HOME.

- (a) None at present. A Voluntary Nursing Association is in course of formation.
- (b) For Infectious Diseases special nurses are engaged at the discretion of the Medical Officer of Health.

MIDWIVES. There are 8 Midwives in the District. The Midwives are all in private practice and receive no subsidy from the Council.

CLINICS AND TREATMENT CENTRES. There are three Maternity and Child Welfare Centres in the District at Rothwell, Lofthouse, and Stourton, at which the Nurses attend weekly, and the Medical Officer fortnightly.

The School Clinics are under the West Riding County Council.

HOSPITALS PROVIDED or SUBSIDISED by the LOCAL AUTHORITY or by the COUNTY COUNCIL.

- (1) Tuberculosis Sanatoria provided by the County Council.
- (2) Maternity Hospital. Provision by arrangement with the Leeds Maternity Hospital on the Medical Officer's request.
- (3) Children. Nil.
- (4) Fever. Joint Isolation Hospital.
- (5) Smallpox. Joint Area for Smallpox Hospital.
- (6) Other. Nil.

The only Hospital within the District is the Rothwell, Methley and Hunslet Joint Isolation Hospital, which is supported on a contributory basis by the three Authorities mentioned.

The Hospital is situated at Rothwell Haigh, near Leeds and the present accommodation consists of 45 Beds.

ANY INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS - Nil.

AMBULANCE FACILITIES.

- (a) For infectious cases. Ambulance from Hospital.
- (b) Non Infectious cases. Nil.

Rothwell Urban District Council.

ANNUAL REPORT

OF

MEDICAL OFFICER OF HEALTH,

1921.

*To the Chairman and Members of the
Rothwell Urban District Council.*

GENTLEMEN,

I now beg to submit to you for consideration my Report on the health and sanitary condition of your District for the year ending December 31st, 1921.

On casting my eye back to some of my earlier Annual Reports of nine or ten years ago, I find in them strong appeals and recommendations made by me on certain phases of public health administration, the adoption of which by the Rothwell Urban District Council seemed to me to be a matter of urgent need from the standpoint of the welfare of the immediate community. Some of the more striking of such proposals, as, for example, the appointment of Health Visitors with the establishment of Welfare Centres and Infant Clinics have long since become actualities, whilst other suggestions, such as the improvement of housing conditions and the abolition of privies and middens, are likewise on the high road towards becoming accomplished facts. The Rothwell Urban District Council has at various periods during its long and chequered career had to submit to severe criticism by two sets of critics. Firstly, those who thought they were reactionary and behind the times, and secondly, those who condemned them as unjustifiably progressive, with a lofty disregard for such things as rates, whilst the Sanitary Committee in particular has frequently been the butt for the exercise of wit on the part of both kinds of critics.

Without wishing to take sides, and whilst expressing no opinion as to which of those sets of critics, if either, is right, I unhesitatingly say that the past ten years have, to the credit of the Administrative Authority, witnessed more progress and greater accomplishments than have any other similar periods in the

history of the District so far as Public Health matters are concerned. As the majority of my previous Annual Reports have been somewhat captious in character suggesting that the writer considered he had more grounds for blaming than for praise it may be thought now, when so much has been accomplished by the Health Authority, that on this occasion there will be little left to do but to pronounce a benison on the good work done and to assure the members of the Council that there is nothing further to accomplish. It will, however, be my duty during the course of this Report to show that as a District—in spite of the splendid advancement during recent years—we are still a long way from finality and that much still stands in need of urgent attention.

So far as vital statistics are concerned the year under survey, 1921, has kept up the reputation of its immediate predecessors by furnishing statistics of distinctly modest dimensions, in some respects, in fact, being exceptionally satisfactory.

I think it is a matter for justifiable pride that in a district such as Rothwell, purely industrial in character and with our undoubted share of housing and overcrowding troubles, we can yet point to a Death Rate which is not only very good from a comparative standpoint but is at the same time the lowest recorded for the District during the past twenty-years with the single exception of 1912, when the Rate was a fraction under this year's figure.

Another Rate which reflects the degree of incidence in the District of Infectious Disease, especially that affecting young children, is the Zymotic Death Rate, and this on the present occasion is noteworthy for the fact that, with one exception when the Rate was almost identical with that of 1921, no year during the past twenty can show a Rate as low as that of the present one.

On this occasion I approach the Birth Rate figure with feelings of qualified satisfaction. It is not bad—is in fact above the National Rate—but at the same time is not good judged by our reputation in the past. As was likewise the case with the rest of the Country our Birth Rate passed through troublous times during the war period but it seemed, after a series of lean years, to have recovered some of its former glory when, in 1920, the comparatively high figure of 26.66 was recorded. Whether or not it be the result of reaction I cannot say but it is my rather unpleasant duty to record on this occasion a drop in the Birth Rate to 23.87. I can only in passing express the hope that next year will adduce proof that we have once again awakened to a proper sense of our responsibilities, and that our reduced figure on the present occasion will turn out to be nothing more than a temporary lapse.

With regard to the all important figure showing the Infantile Mortality Rate for the year I can only say I am fairly well satisfied with it. Whilst the figure, 86, is a shade in excess of that for the preceding year it will yet, I think, bear favourable comparison with that of most other Districts of a similar type. As the Infantile Mortality Rate is based on the gross total of births it may be understood that our lower birth total for 1921 has told strongly against us yet, nevertheless, if we take the average Rate for the past three years, namely 77, we find it compares very favourably indeed with either of the two preceding three years' periods, which show Rates of 118 and 106 respectively. Though the tendency is thus shown to be in the right direction there must yet be a decided lowering of this particular Mortality Rate before I shall in any sense be satisfied.

The effect of a lowered Birth Rate is emphasized when we come to note the excess of Births over Deaths in the District during 1921. I find that during that year we had an excess of 187 Births over Deaths, as compared with 208 in 1920, with 144 in 1919, and with 114 in 1918.

A survey of the figures for the different Wards shows that in 1921, as was also by the way the case in 1920, the Stourton Ward provides the highest excess, namely 57. In 1920 the North and the Carlton Wards were bracketted together for second place, whilst in 1921 the former is second and the Carlton Ward third on the list. As again also was the case in 1920 the Lofthouse-with-Thorpe Ward shows the lowest figure during the year with an excess of only 22 Births over Deaths, this Ward, it may be noted, providing the lowest number of Births and Deaths of any of the Wards during 1921.

As a final word in this brief survey of the Vital Statistics in the District for 1921, I may point out that the return of Notifiable Infectious Disease has again kept within reasonable limits and seems to call for no special mention at this juncture. The rate of incidence of Scarlet Fever, Diphtheria, and Typhoid Fever, is again seen to be distinctly modest, and I am particularly pleased that Diphtheria is shown to have been decidedly less prevalent in the District than for several years previously. As tending to show how very young children seem to escape the attack of Scarlet Fever and Diphtheria to a greater extent than do older ones, a glance at Table 2 will indicate that during 1921 out of a total of 52 cases of Scarlet Fever only six were children under four years of age, whilst no more than three cases of Diphtheria out of the year's total of 22 are likewise found to be those of children under four. A study of the aforementioned Table will at the same time

show that, in 1921, the most susceptible age as regards both Scarlet Fever and Diphtheria was 5-15 years, 20 cases of Scarlet Fever out of the 52 recorded occurring at this period, whilst 14 out of a total of 22 Diphtheria cases likewise occurred at the same age period.

One case of Encephalitis Lethargica (sleeping sickness), which fortunately was slight and recovered apparently completely, was recorded during the year as compared with three such cases in 1920.

POPULATION.

The estimated population of the District at the end of 1921 as supplied by the Registrar General was 15,500. The number of inhabited houses in the District as revealed by the 1911 Census was 309, the average number of inhabitants per house was 4.62, and the estimated number of dwelling houses in the District at the end of 1921 was 3,310.

BIRTHS.

The total number of births registered in the entire District during 1921 was 370, comprising 198 males and 172 females, as compared with 394, comprising 212 males and 182 females in 1920.

Of the total number of births registered during 1921, those registered in the Sub-Registration District of Rothwell, comprising the North, South and Stourton Wards, amounted to 238, of which 123 were males and 115 females, whilst the births registered in the Sub-Registration District of Ardsley comprising the Carlton and Lofthouse-with-Thorpe Wards amounted to 132, of which 75 were males and 57 females.

BIRTH RATE.

The Birth Rate for the entire Urban District for 1921 was 23.87 per thousand inhabitants, as compared with 26.66 in 1920, with 23.03 in 1919, and with 20.15 in 1918.

ILLEGITIMATE BIRTHS.

The illegitimate births returned during 1921 numbered nine, of which five were males and four females, as compared with six in 1920, with 15 in 1919, and 13 in 1918.

DEATHS.

The total number of deaths registered in the entire Urban District during 1921 was 183, comprising 93 males and 90 females, this representing a decrease of 14 as compared with 1919.

Of the 183 deaths recorded, 108, of which 55 were males and 53 females, occurred in the Rothwell Sub-Registration District, whilst the remaining 75, of which 38 were males and 37 females, occurred in the Ardsley Sub-Registration District.

A brief comment on some of the more prominent "Causes of Death" may perhaps be permitted at this point.

It is interesting to note the comparatively insignificant part which Zymotic Disease, notifiable and otherwise, plays on this occasion in the production of the Mortality Table.

Excluding Tuberculosis and Influenza, but including Infantile Diarrhœa, we find that, in 1921, no more than nine deaths from this class of disease were recorded, of which five were due to Infantile Diarrhœa and two to Whooping Cough. Those nine deaths represent but 1 in 20 of the total deaths recorded, as compared with 1 in 19 in 1920, with 1 in 25 in 1919, and 1 in 12 in 1918.

Though there was a good deal of mild Influenza in the District during 1921, the fact that only three deaths were recorded from this disease shows that during that year the type of Influenza prevailing was not a severe one. With few exceptions the disease was of a comparatively mild type, with a pleasing absence in the vast majority of cases of those dreadful Pulmonary complications which in the three preceding years produced such appalling mortality results, as shown by the fact that the years in question namely 1920, 1919, 1918, were debited with 12, 27 and 40 Influenzal deaths respectively.

At the present time public opinion is much concerned regarding the high proportion of deaths occurring annually from cancer, and our experience locally appears to be in this respect pretty much the same as that throughout the Country at large.

I pointed out in my Report for 1920 that between the ages of 45 and 65, between every fifth and sixth death recorded in the District was due to Cancer and that moreover 1 in 17 of all deaths at all ages was caused by this disease. On the present occasion I find that 15 deaths were recorded as due to Cancer, this being equivalent to 1 in 12 of all deaths at all ages, and if we limit ourselves to the period 45-65 years of age we find the somewhat disquietening fact laid bare that in the Rothwell Urban District during 1921 every fourth death recorded was due to Cancer in some form or another. Of the 15 deaths in this District from this disease in 1921, five were males and ten females.

In so far as contemplation of Mortality Returns can at any time yield gratification, we may obtain some satisfaction and compensation for the rather depressing paragraph just written from the fact that, on this occasion, the column dealing with deaths

over 65 is eminently satisfactory, as obviously the greater the proportion of deaths appearing at this period the fewer will there be at younger and, from an economic standpoint, more valuable ages. I find, of our gross total of 183 deaths during 1921, that 57 of them occurred at 65 years or over, equivalent to 31 per cent. or almost one-third of the total deaths recorded, whilst by way of comparison I may add that between 25 and 45, which represents perhaps from every point of view the "best" age, or rather I should say the most important and critical period of life economically, 24 deaths took place, equivalent to 1 in 8 or just over 12 per cent. of the gross total. We in Rothwell sometimes resent the attitude adopted towards us by outsiders, who are at times inclined to speak disparagingly of our District as though it was rather a poor sort of place to be condemned to live one's life in, but that it certainly seems to agree with some people may be gathered from the fact that, in 1921, I find of the 183 people who died that 44, that is approximately every fourth person, reached the age of seventy years or over, that 14 of them survived to see their eightieth year or more, and that two of the latter only succumbed when the ninety mark had been reached. Not a bad record for one year I think!

Deaths from Heart Disease are as usual big contributors to the Mortality Tables, 16 deaths, almost 1 in 11 of the gross total for the year being returned as due to this cause. I have on several former occasions made comment on the high percentage of deaths from Heart Disease, and the only compensatory factor on this occasion is that only 8 of these 16 deaths occurred under 65 years of age.

I am pleased to note that on the present occasion the Ministry of Health Tables contain a column for the classification of deaths from Arterial Degeneration, and also one for deaths from Cerebral Hæmorrhage, which in the great majority of cases is a direct sequel to the former condition. I have frequently contended that such diseases are to an appreciable extent influenced by industrial conditions in earlier life, and that statistical records over a period of years would be valuable in the investigation of the conditions which pre-dispose to and determine the inception of this class of disease. I am convinced that occupational conditions are a decided factor in bringing about Degeneration of the Blood Vessels with its most unfortunate sequelae, though in saying this I do not overlook the important part which Syphilis may also play in this matter. As years go on it becomes more and more evident that this latter disease is a determining factor in the production of many serious diseases in connection with which its banal influence was not hitherto suspected, and I am strongly of opinion that the detection and subsequent treatment of Syphilis in its earliest

stages will do much to bring down mortality figures, and at the same time procure the banishment from our Mortality Tables of a number of diseases which curtail life, and, what is perhaps even of more consequence, make industrial cripples of people who otherwise would in all probability have remained quite healthy.

During 1921, two deaths, males, in this District were returned as directly due to Arterio-Sclerosis, though it is certain that in many other cases it was the original and determining factor.

Eleven Deaths, five males and six females, were likewise recorded during the year as due to Cerebral Hæmorrhage.

I have on this occasion at my disposal sufficient space merely to point out that, as has invariably been the case, Pulmonary Disease, Bronchitis and Pneumonia, bring about more deaths by far than do any other diseases.

I will not now labour this point on which I have dwelt at length on more than one previous occasion, but will simply report that, during 1921, no fewer than 31 deaths, just over one in six of the gross total at all ages were returned as due to Bronchitis and Pneumonia. Lest it be thought that Pulmonary Diseases of this type are more prone to bring about fatalities among older rather than among younger people, I may be allowed to point out that fifty per cent. of those deaths occurred under five years of age, and that the previous year 1920 showed exactly identically the same proportion.

DEATH RATE.

The District Death Rate for 1921 was 11.80 per thousand inhabitants as compared with 12.5 in 1920, with 13.86 in 1919, and with 14.8 in 1918. A moment's contemplation of these figures will indicate that each year of the past four shows a steady decline in the Death Rate and, as I have already pointed out, the Rate for the year under discussion is with one exception 1912, with a Rate of 11.14 (when shall we see another year like 1912 so far as vital statistics are concerned?) the lowest recorded in the district for the past twenty years. The one matter for regret in the consideration of the District Death Rate for 1921 is the fact that almost every fourth death recorded was that of a child under five years of age, the moral of which unquestionably is that, if we wish to still further lower the General Death Rate, the opportunity for doing so must assuredly be looked for among that section of the community represented by children under five years of age.

INQUESTS.

14 Inquests were held during 1921, and the following Table shows the number of Inquests held in the Various Wards of the District during the year in question.

North Ward.	South Ward.	Stourton Ward.	Lofthouse-with-Thorpe Ward.	Carlton Ward.	Total.
4	1	4	3	2	14

ZYMOTIC DISEASES.

During the year 1921, 9 deaths were recorded as due to Zymotic Disease as compared with 12 in 1920, with 9 in 1919, and with 28 in 1918, and the causes of these Zymotic Deaths during 1921 were as follows:—Whooping Cough 2; Diphtheria 1; Typhoid Fever 1; Diarrhoea 5; of which two occurred in the North Ward, five in the South Ward, and two each in the Carlton and the Lofthouse-with-Thorpe Wards. It will thus be noticed that, during 1921, no death occurred in the Stourton Ward from Zymotic Disease.

ZYMOTIC DEATH RATE.

The Zymotic Death Rate for 1921, namely 0.58 per thousand inhabitants, as compared with 0.81 in 1920, with 0.6 in 1919, and with 1.89 in 1918 is not only seen to be under the Rate of any of the preceding three years, but is the lowest recorded during the decade, and has in fact been surpassed on only one occasion during the past twenty years, namely in 1909 with a Rate of 0.56. As tending to show that this class of disease seeks its victims among the youngest members of the community, I may emphasise the fact that of the 9 recorded deaths from Zymotic Disease during 1921, eight of them occurred among children under two years of age.

CHILD AND MATERNAL WELFARE.

INFANT MORTALITY.

On casting my mind back to several of my recent Annual Reports I note that I have generally approached this particular subject with a certain degree of diffidence as though fearing that those to whom the remarks were addressed might not always see eye to eye with the writer, but if there ever were grounds for such a belief I am sure they have now completely vanished, the members of the Rothwell Urban District Council having by their actions proved that they are firm believers in the policy of attempting to deal by administrative efforts with this vast question

of Child and Maternal Welfare and of endeavouring to do what lies in their power to curtail the distressing Infant Mortality Rates which for generations have been a standing disgrace to every Public Health Authority in the Country as well as a permanent memorial to the lack of foresight on the part of those who in the past seemed to regard a high Birth Rate as something which rendered a high Infant Mortality Rate of little import. Repentance, we know, generally comes too late but it has at all events the saving grace that it implies acknowledgment of past shortcomings and misdemeanours and though present day conversion to a more enlightened state of mind on this question cannot bring back the countless lives so wantonly sacrificed in the past, it may nevertheless serve the useful purpose of safeguarding and preserving the lives of children of the present and future generations.

There is little need at this day for missionary effort on the part of any Medical Officer of Health as regards Child Welfare Work. We are all converts now—almost bigots—and, with the ardour and zeal characteristic of recent conversion, are willing and even eager to go to almost any length in this work, so convinced are we all that the future welfare of the country as well as the vigour and health of the generations to follow us are influenced by, and indeed dependent upon, the quality of the efforts we are making to-day in connection with this particular phase of Public Health Work which I am now discussing.

Let us now consider in brief detail the various aspects of this many sided question in so far as it relates to our own experiences in 1921. It is obvious that one of the fundamental points on which such a survey must be based is the Annual Birth Rate.

As the Infantile Mortality Rate is estimated on the gross total of births for the year it is evident that a high Birth Rate has the tendency of keeping down the Infant Mortality Rate and unfortunately in 1921 we did not receive from the birth rate the help which the preceding year 1920 provided. In the latter year we had in the Rothwell Urban District a total of 394 Births with a Rate of 26.66 per thousand population, whilst in 1921 our total of births reached only 370 with a resultant Birth Rate for that year of 23.87, a fall of nearly three per thousand inhabitants, though perhaps I might urge, as some palliation for this seemingly great lapse, the fact that our population as supplied by the Registrar General on which, of course, is based the Birth Rate among others, and which on this occasion probably is more correct than were any of the estimates since 1915, was 15,500, an advance or 724 over the figure for the previous year, the supposition being that the Birth Rate for 1920 was to some extent assisted, as compared with that of 1921, by an under-estimated population. Be that as it may the fact remains that our Birth Rate for 1921 shows the

meagre figure of 23.87 a fact which, taken in conjunction with a series of comparatively low rates for the past 10 years rather suggests that in the Rothwell District children in the future are likely to be a much scarcer commodity than in the past, and that if we wish to bring down the Infant Mortality Rate we must depend for our success on ensuring the survival of a large proportion of the children born rather than on an increased total of actual births. As I have pointed out before this is not merely a question of the number of births in any given year, the Mortality Rate being a composite figure the issue not merely of that one factor but dependent also at the same time on the number of children so born who fail to survive their first year.

For your information and likewise as a matter of interest, I might draw attention at this point to the fact that during 1921, out of a total of 370 births, nine were illegitimate, equivalent to 1 in 41 or 2.4 per cent. of the total births registered as compared with 1 in 65 or 1.5 per cent. in 1920. We heard a good deal during the War as to the high proportion of Illegitimate Births throughout the Country, and it is indeed satisfactory to learn that in our own District the average Illegitimate Birth Rate (1914-21) did not exceed the comparatively insignificant figure of 1 in 31 or approximately 3 per cent. of the total births registered during those eight war and post war years, 1918 with 6.8 per cent. showing the highest rate and 1920 with 1.5 per cent., the lowest rate reached during this particular period. Comparison with the eight years' period prior to the War discloses the fact that in this District during the eight immediate pre-war years we had an average Illegitimate Birth Rate of 1 in 32 or 2.7 per cent., thus showing that our neighbourhood had at all events not experienced any material moral lapse in spite of the temptations and pitfalls invariably associated with war conditions.

I now pass on to a consideration of what must be regarded as of crucial importance in an Annual Survey of the Public Health Life of any District. I refer to the Infant Mortality Rate. It is the hub round which all other phases of Public Health Work revolve, and which to a great extent are merely means towards an end, that end being the preservation of Child Life and the abolition of everything which tends towards lowering the standard of Child Life.

Men and women of to-day are merely the children of yesterday and when we talk of "Child Life" we are really using the term in its universal application, realising as we do that unless we take steps to direct Child Life along the proper path we shall assuredly find the faults and defects of those children accentuated in the adults of the succeeding generation, with the added certainty that in the adults these defects will probably be found to be ineradicable, whereas in children they are essentially amenable to treatment and in many cases capable of complete eradication.

I could, were I so minded, advance argument upon argument in support of the contention that "the sins of the children are visited upon the succeeding generation of adults"—if I may be permitted to reverse an old proverb—but to do so merely would be to indulge in wearying repetition of what has appeared in a number of my recent Annual Reports and this I wish to spare you. I contend that this Infant Mortality Rate is at one and the same time the most significant and the most ominous of all our vital statistics, being influenced, as it is, by such a diversity of causes that probably no branch of public health administration fails to be reflected in this particular Rate. It is quite true that in any given year an exceptional number of children may die under one year of age from causes beyond the immediate control of the Public Health Authorities, but no District can afford to show a persistently high Infant Mortality Rate and hope to escape criticism and thoroughly deserved censure. I am fully aware that times have changed as compared with twenty years ago when to record an Infantile Mortality Rate of 150-150, equivalent to the death within one year of birth of every sixth child born was apparently so commonplace as to call for no special comment, and we are rather inclined to preen ourselves on the fact that to-day the Rate of Mortality has been reduced about one half. It is, all the same, rather a reflection on our modern and more enlightened methods to have to admit in spite of all our efforts that even to-day a district which can claim that no more than every twelfth child born dies within its first year of age is inclined to congratulate itself on its good fortune. In our own District I find that, during 1921, 32 children failed to survive their first year and as during the same period 370 children were born we thus show an Infantile Mortality Rate for 1921 of 86 per thousand Registered Births, as compared with one of 83 in the preceding year, and compared likewise with one of 83 for all England and Wales in 1921. I find, further, that the average Rate for our District during the decade 1911-1920 was 102, so we may extract whatever satisfaction we can from the knowledge that we are showing steady if slow progress.

Further investigation reveals, as was also the case in 1920, that between every fifth and sixth death recorded in the District during 1921 from all causes and at all ages was that of a child under one year of age, and surely a statement of this kind should make us pause and think for a moment or two, and for your further information I may add that our mortality figure of 86 likewise implies that 8.6 per cent. or rather over 1 in 12 of all children born during the year failed to reach the age of one year. We are assured that figures cannot lie so apparently have no option but to accept the above rather melancholy recital, which I may at the same time legitimately claim is quite good compared with many other Districts as a correct record of the present condition of things in your District

as regards Child Mortality. I do not claim that there should be no Infant Mortality. Children in their first year of life are no more immune from disease than are the rest of us and as a matter of fact this particular period of life carries additional and obvious dangers of its own, which a proportion of those children born will certainly fail to overcome. Whilst an Infant Mortality Rate is therefore inevitable it is nevertheless certain that many fatalities occur at this age, and thus take part in the provision of this Rate, which never should have occurred, and it is here that Child Welfare Effort has its golden opportunity presented to it.

So much for the actual Mortality Rate ; some consideration of the various causes which in 1921 have been instrumental in bringing about the deaths of these young children is now called for and should be instructive.

On this occasion Infectious Disease, notifiable and non-notifiable, has played but a small part in the production of the year's Mortality figures among children, only one such death, namely from Whooping Cough, out of the year's total of 32 having been recorded under one year. It is likewise very satisfactory to learn that during 1921 no deaths were debited to Measles, a disease peculiarly dangerous to young children. Next comes the question as to the degree to which "Diarrhœa and Enteritis" influence the Infantile Mortality Rate. In this matter of Child Mortality there is no disease more worthy of close attention than this particular one. It is never absent from the Mortality Tables nor is it ever found, I might add, far from the top of such lists. The tragedy of all this lies in the fact that year after year witnesses the death of a certain number of young children from a disease which is essentially "preventable" and which is yet invariably regarded by parents as of comparatively little importance as compared with certain other diseases of a more spectacular type, and particularly those of a notifiable character. I wish parents could be brought to understand that a young child suffering from an attack of Epidemic Diarrhœa is always in danger and that the mortality risks of this condition are infinitely higher than are those of many other diseases, which they regard with far greater dread. It has occurred to me that at many points in my Report I seem to have laid stress on the responsibilities and shortcomings of our Public Health Administrators rather than on those of the public, and I might add that I have by no means finished with them yet, but wish for a moment to turn my attention from those who for the time being control our Public Health destinies to point out that responsibility, by no means trifling in character, also rests upon the public in this matter, and particularly upon that section of it as represented by parents. Even, however, in this question of Infantile Diarrhœa, the Public Health Authority, Officials no less than Members of the Council, are involved. Infantile or Epidemic Diarrhœa is to a certain extent a "Fly" disease, and

wherever you find conditions favourable to the production of flies, you will in all likelihood find an undue prevalence of this disease. It is permissible, therefore, to anticipate a marked declination in the prevalence of Infantile Diarrhœa when privies and middens are finally banished from the District. To this extent responsibility in this matter of Infantile Diarrhœa rests upon the Public Health Authority and their Officials to whom, however at the same time credit must be given for the fact that the District has at its disposal an excellent milk supply, not only as regards quantity and quality but likewise as regards conditions of cowsheds, and that with few exceptions every house has now pantry accommodation for storage of food, a matter of overwhelming importance in connection with this very question of Infantile Diarrhœa.

Paradoxical though it may sound one wonders sometimes whether parents are in all respects the most suitable persons to control the upbringing of a child. The average parent finds it difficult to say "No" to a child, and I much fear that what a young child eats is oftentimes dependent more on the whim or desire of the child than on a strict consideration of what is best for it. Parents often overlook the fact that a child's desire is based more on instinct than on reason and I, personally, have been staggered by the sight of what is sometimes given to a child in the way of food, the wonder, to my mind being, not that so many children succumb to disease of the type we are now discussing, but rather that so many survive. There can be no serious doubt that some parents are injudicious in their attitude towards their children and from a mistaken sense of kindness are unconsciously acting in direct antagonism to their child's interest.

Nature never intended that children should eat as adults do, and evidently expected that parents would have the sense to understand that simply because a child wishes for or demands a certain thing it by no means follows that what it wants is necessarily the best thing for it. The ability to say "No" is a valuable asset in many walks of life, but in none is it more valuable than in the upbringing of children, and in particular is its value apparent in this very question of dieting.

Some parents may think I am overstating my case, but, be that as it may, I am still impenitent in my belief that there is far too great a tendency on the part of parents to yield to children's desires, regardless of whether such surrender is for the best interest of the child or not. This is the one occasion offered to me during the year, as Medical Officer of Health for this District, to offer criticism and advice, complimentary and otherwise, not only to the representatives of the public in the Council, but to the public themselves, and I mean to take full advantage of the opportunity provided.

The problem of curtailing diseases of this type, which annually claim so many child victims, many of whom are otherwise perfectly healthy, is to a considerable extent so obviously dependent on judicious and intelligent dieting of children that I feel the occasion calls for plain speaking.

During 1921, five deaths were returned as due to Infantile Diarrhœa in children under two years of age, and as during that same year nine deaths altogether recorded at all ages from Zymotic Disease, we may see that over half this total was due to Diarrhœa in infants.

I may further in conclusion draw attention to the one point as regards this disease from which we as a District may take comfort and that is the fact that our Mortality Rate for Diarrhœa (under two years) namely 13.5 per thousand births is found to be substantially under the corresponding National Rate which for the same year was 15.5.

An oft told tale is once again unfolded when I pass to a consideration of another prominent contributor to the Infant Mortality Tables. I refer to those deaths caused by Pulmonary Diseases—Bronchitis and Pneumonia. Those diseases seem immovably fixed at the head of the Table as the most inexorable of all diseases which attack young children. We have almost come to the point of accepting a high Mortality Rate among children from these two conditions as a normal state of affairs, so persistently have they proved themselves to be peculiarly fatal to children. Reference to past Annual Reports will confirm this statement, and a survey of the figures for 1921 will show that that year is only one more added to the number.

Of the 32 deaths recorded in this District during 1921 among children under one year of age, 10 or almost 1 in 3 were due to either Bronchitis or Pneumonia both of which diseases, it should be pointed out, are classed as "preventable," and certainly are "recoverable," and if to those deaths are added those occurring from the same diseases between the ages of one and five, we find that 15 deaths were recorded during 1921 from Bronchitis and Pneumonia out of a gross total of 31 such deaths occurring at all ages throughout the year—practically half—or to drive home my argument let me put it that in 1921 in this District every second death recorded from Bronchitis and Pneumonia was that of a child under five years of age, and to bring this statistical survey to a fitting close let me add that the records of 1921 show that during this particular year every twelfth death occurring in the Rothwell Urban District at all ages and from all causes was that of a child under five, and was due to Bronchitis or Pneumonia.

I think no one who reads those figures, and similar ones I have quoted in previous Reports, will fail to be convinced as to the death dealing propensities of those diseases so far as Child Life is concerned, and will naturally ask the question as to what steps are necessary in order to check this deplorable mortality among children. It is easier—it always is—to ask questions than to answer them, but I have on more than one occasion in the past tried to the best of my abilities to point to conditions which could not be absolved from blame in this matter. It is not so much a question of so many children developing those diseases as it is one of so many children failing to recover when thus attacked. A low standard of hygiene, personal as well as domestic, plays its part in the production of this kind of disease, and probably in no other diseases are the chances of recovery so influenced by these conditions as in the case of Bronchitis and Pneumonia. Here again a two-fold effort is called for, involving both the Public Health Authority and the parents. On the former devolves the duty of ensuring that people shall live amongst hygienic and sanitary conditions, that slum property shall cease to exist, and that by the provision of a sufficiency of new houses overcrowding shall be banished from their District ; on parents at the same time rests the responsibility for ensuring that the facilities thus granted are used and not abused, and that in their homes the rules of domestic hygiene, which has a most pronounced bearing on this question, are duly observed. It is little use for the Authorities to provide new houses absolutely up-to-date as regards sanitation and hygienic surroundings if people simply transfer the home conditions of their former dwellings to their new ones, and it is no exaggeration to say that it is quite possible to have in the newest and best equipped of houses overcrowding, ill ventilation, and indeed any or all of the evils so familiarly associated with old and dilapidated property.

The opportunity is being provided in many cases at present for the adoption of a higher standard of living, and now is the time for those so favoured to determine that to the best of their abilities their children will reap the advantages thus offered, and that they will not rest satisfied merely with the knowledge that the walls of their houses are new, but will endeavour to ensure that the inside of the home shall be made and kept as healthy and hygienic as lies in their power, as by so doing they will assuredly reap the reward in healthier and more vigorous children much better equipped to withstand the onslaught of diseases of the type at present under discussion.

I am happy to say I see signs that present day parents are becoming more much alive to the merits of this question and are appreciative of the value of hygienic principles as applied to the home to an extent far beyond that of their predecessors. They

are slowly but surely becoming converts to the belief that observance of common-sense rules as regards ventilation, fresh air, sensible clothing, reasonable amount of rest and sleep, and so on, have a real and very direct influence upon their own health and that of their children, and that disease is not of necessity something which their children are foreordained to be subjected to, but that they have in their own hands to a certain extent the power to determine whether their children will be healthy or unhealthy. Even at the risk of being thought wearisome, I cannot, on this occasion even, let the opportunity slip of again emphasizing the duty devolving upon everyone who has the supervision of children, whether in the home, school, or in places of amusement, to clearly bear in mind, that pure fresh air both outside and indoors is one of the greatest blessings mankind is heir to, and that as a child's lungs must be filled by air of some kind, the greater the proportion of pure air in them the less room obviously is there for impure and vitiated air impregnated with disease carrying germs of all kinds.

As a final word on this question, let me again remind parents that children are children and not simply little adults, and that their habits and requirements are those of children, differing fundamentally from those of adults, and that there is nothing worse for a child than to be regarded by its parents as simply and solely a miniature of themselves. Parents, if they wish their children to grow up a credit to them from a health point of view, must do the thinking and the children must do the obeying, and it would perhaps come as a surprise to many people, who have had limited opportunities of observing Child Life intimately, to learn how often the position is reversed with disastrous consequences so far at any rate as the child is concerned.

I will now give the parents a rest and turn my attention once again to the delinquencies of those whose privilege it is to control the Public Health Administration of the District, and in so doing shall endeavour to put the matter plainly. It is a well known fact that in this District there are many houses—probably 75 per cent. would be an underestimate—in which there are neither baths nor any provision for bathing, nor at the same time are there in existence public facilities of any description for bathing. It is little short of a scandal that this should be so, and the Council cannot as a body be held altogether blameless in this matter. That much used and much abused excuse as to war and post war shortage of money throughout the Country, which has provided on so many occasions a snug harbour of refuge when schemes entailing expense have been mooted, even that excuse, I say, cannot legitimately be urged in connection with this question, which was just as pressing and just as insistent years before the war as it is to-day.

If any Members of the Council are still unaware of the fact, I may again state that upwards of 75 per cent. of their fellow-citizens have at this moment absolutely no provision for bathing themselves, and so keeping their bodies clean, beyond such primitive contrivances as a tub in front of the kitchen fire or the kitchen sink, and it is a reflection on the District and on those who have controlled its Public Health administration that this state of affairs has existed so long without any attempt at remedy. We are all ready to admit that cleanliness is a necessary adjunct to health and that is apparently as far as we are prepared to go, and I am surprised that the Council Chamber has not long ere this been inundated by indignant deputations of the "Non-Bath" section of the community, eager to give the Authorities their views on the subject. In this matter I am with them heart and soul, and regret that the appeals I have made in more than one of my former Annual Reports have met with no response. We must have baths in the District, Public Baths to meet the needs of those whose houses have none, and this is a matter not of luxury but of necessity. It is a Public Health question and I, as Medical Officer of Health, would fail in my duty to the District if I did not persist in emphasizing it until some steps are taken. I do not wish to seem unreasonable and know perfectly well that no public expense is at present justified beyond the essential minimum, but surely some notice could have been taken of my oft repeated suggestion that a small Baths Sub-Committee should be appointed to at least consider and report to the Council on the matter. Public Baths will ultimately have to be provided in this District, but in the meantime, until this becomes a practicable policy, a small beginning could be made by the installation of slipper baths in several parts of the District, which would at all events slightly relieve the tenseness of the situation and would in some degree at least offer to those members of the community, who have no bath accommodation in their own homes, an opportunity of carrying out one of the primary rules of health, namely to keep the body scrupulously clean. One speaks strongly where one feels strongly, and if there still be any lingering doubts as to what my views on this subject are, I trust the above paragraph will remove them.

As a fitting climax to my remarks on "Child Welfare" I may point out that, as invariably is the case, the heaviest contributor to the Infant Mortality Tables during 1921 was "Congenital Debility and Premature Birth." With unfailing regularity year after year this particular condition surpasses all others as a mortality producing agent so far as infants are concerned, the reason being that an undue proportion of children are each year born, who at birth either have so feeble a hold on life that they fail to survive the ordinary trials of infancy, or who by virtue of their enfeebled natal condition are quite unable to withstand the attacks of diseases common to this particular period of life.

The causes pre-determining those deaths are thus seen to be really ante-natal rather than post-natal, which makes them much more difficult to deal with and to eradicate.

During 1918, 33 per cent. of all infant deaths under one year were due to Premature Birth and to Congenital Debility ; in 1919 the proportion was 24 per cent ; 1920 showed a figure of 25 per cent.; whilst in 1921 no less than 47 per cent., almost every second death, were returned as due to Premature Birth or Congenital Debility, and perhaps even a clearer perception of the tremendous and far reaching effects of prematurity is obtained when it is pointed out that, during 1921 every twelfth death occurring in this District at all ages and from all causes was due to prematurity and was that of a child under one year of age. It is certainly calculated to make one pause and consider when the fact is laid bare that in 1921 every second death among children during the first year of life was due to prematurity and congenital debilities, and it is quite obvious that in this fact lies the explanation of continued high Infant Mortality Rates, and that if this particular factor could be eliminated, or even appreciably diminished, the annual wastage in child life would be at once checked to a marked degree.

In this case the inherent weakness lies in the child at birth and the question of Infantile Mortality is not so much one of healthy infants succumbing to disease, as that many children are so weakly at birth as practically to be fore-doomed to die within the first few months of life, proof of this statement being found in the fact that of the fifteen infants who died in 1921 under twelve months from Prematurity ten of them, or over 66 per cent., failed to survive the first four weeks of life.

The whole problem of Infantile Mortality is thus seen to revolve round the question of the birth of immature and weakly children, and we must seek for a solution of the difficulty not in the child but in the parents. The presence of unhealthy parents pre-supposes the birth of weakly children, it being an immutable law of nature that if you want healthy offspring you must first have healthy parentage. I daresay everyone accepts this axiom, and it is therefore a never ending source of astonishment to me to see with what absolute indifference we regard the question of the health and fitness of those whose function it is to be responsible for the next generation of children. If the times are not yet sufficiently advanced for us to demand proof of a reasonable standard of fitness for those wishing to marry, we are at all events justified in saying that a man or woman who is suffering from a serious condition such as, for example, Tuberculosis, Syphilis, or Mental Weakness, with the danger of transmitting such disease to their children, shall not be allowed to marry, and thus be the means of bringing into the world children whose sole destiny seems to be the certainty of

appearing in the Mortality Tables at an early age. I do not wish to labour this question but surely we are justified in asking that efforts should be made to ensure that men and women contemplating marriage, with its almost inevitable sequel should be reasonably equipped as regards health for the role they are about to fulfil, and until this is brought about much of the work done under Child Welfare Schemes must be barren of results.

I have on former occasions discussed the question of ante-natal work and dealt in considerable detail with the problem as affected by the health of young girls, and will therefore say nothing further on this point now.

In conclusion let me say that in this District good work is being done by your two Health Visitors with their three Infant Clinic Centres. The detailed Reports of the Health Visitors appear at the end of this one and will give an idea of the character and extent of the work done by them, and I feel amply justified in stating that the effect of this work is abundantly evident in the improved condition of the children in the District. Much yet remains to be done but the results up to now are distinctly encouraging and an excellent augury for the future and, as a last word, I may add that I know the mothers of the District realise the value of this work and are thoroughly appreciative of the efforts you are making to improve and to maintain on a higher plane the health of their children.

NOTIFICATION OF INFECTIOUS DISEASE.

During 1921, as I have already pointed out, the District was not seriously menaced by the various forms of Infectious Disease, and in fact 1921 adds one more year to a satisfactory series beginning in 1915.

During 1921 a gross total of 126 notifications was recorded as compared with 159 in 1920, and with 218 in 1919, the latter year, however, including 59 cases of Measles, the notification of which ceased to be compulsory on January 1st, 1920.

The full return for the present year is as follows :—Scarlet Fever, 52 ; Diphtheria, 22 ; Typhoid Fever, 2 ; Erysipelas, 8 ; Pulmonary Tuberculosis, 19 ; other forms of Tubercular Disease, 4 ; Pneumonia, 17 ; Encephalitis Lethargica, 1 ; and Ophthalmia Neonatorum, 1. The cases recorded were allocated to the various Wards in the following proportions :—North Ward, 15 ; South Ward, 16 ; Stourton Ward, 13 ; Lofthouse-with-Thorpe Ward, 20 ; Carlton Ward, 61 ; whilst one case, Scarlet Fever, occurred among the Staff at the Isolation Hospital.

The following Table gives particulars as to the number of cases of Infectious Disease belonging to each Ward during 1921, and perhaps I might also at this point draw attention to Table 2 which appears in the Annual Report for the first time, and which shows the notified cases of Infectious Disease in age groups.

TABLE 1.

DETAILS OF INFECTIOUS DISEASES IN EACH WARD AND YEAR.

	Scarlet Fever.	Typhoid Fever.	Diphtheria.	Erysipelas.	Pulmonary Tuberculosis.	Other Tuber- cular Diseases.	Puerperal Fever.	Typhus Fever.	Encephalitis Lethargica.	Poliomylcelitis.	Pneumonia.	Ophthalmia.	Total 1921.	Total 1920.	Total 1919.	Total 1918.	Total 1917.
North Ward ..	1	0	5	1	1	2	0	0	0	0	5	0	15	28	34	100	12
South Ward ..	5	1	3	4	1	1	0	0	0	0	1	0	16	41	53	67	15
Stourton Ward ..	0	0	1	2	1	1	0	0	0	0	1	0	13	18	49	70	27
Lofthouse Ward ..	11	0	2	0	4	0	0	0	1	0	2	0	20	39	30	60	9
Carlton Ward ..	34	1	11	1	5	0	0	0	0	0	8	1	61	24	48	150	9
Workhouse...	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Isolation Hospital ..	1	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0
Total 1921..	52	2	22	8	19	4	0	0	1	0	17	1	126				
Total 1920..	45	0	35	13	10	8	0	0	3	1	44			151			
Total 1919..	29	8	39	12	14	3	0	0			54				215		
Total 1918..	13	1	24	11	12	2	0	0									
Total 1917..	8	5	16	6	16	16	0	0								449	72

TABLE 2.

INFECTIOUS DISEASES NOTIFIED—IN AGE GROUPS

Name of I.D.	0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65up	Totals.
Diphtheria ..	0	0	3	0	3	7	7	1	0	1	0	0	22
Scarlet Fever..	0	2	0	4	3	19	11	4	8	1	0	0	52
Enteric Fever ..	0	0	0	0	0	0	0	0	1	1	0	0	2
Puerperal Fever ..	0	0	0	0	0	0	0	0	0	0	0	0	0
Pneumonia ..	2	0	1	1	0	0	1	2	5	2	2	1	17
Encephalitis ..	0	0	0	0	0	0	0	0	1	0	0	0	1
Erysipelas ..	0	0	0	0	0	0	0	1	0	3	4	0	8
Ophthalmia ..	1	0	0	0	0	0	0	0	0	0	0	0	1
Pulmonary T.B. ..	0	0	0	0	0	0	2	4	7	5	0	1	19
Non-Pulmonary T.B.	0	0	0	0	0	1	3	0	0	0	0	0	4
	3	2	4	5	6	27	24	12	22	13	6	2	126

ISOLATION HOSPITAL.

During the year 1921 the number of cases admitted to the Isolation Hospital from the Rothwell Urban District was 65, as compared with 68 in 1920, with 71 in 1919, and with 34 in 1918 and comprised 42 cases of Scarlet Fever, 21 cases of Diphtheria, and two cases of Typhoid Fever.

The following Table shows the number of cases admitted to the Isolation Hospital from the Rothwell Urban District during the year along with the corresponding figures for the past three years.

TABLE No. 3.

NO. OF CASES ADMITTED TO THE ISOLATION HOSPITAL.

	1921			1920			1919			1918		
	Scarlet Fever.	Typhoid Fever.	Diphtheria.	Scarlet Fever.	Typhoid Fever.	Diphtheria	Scarlet Fever.	Typhoid Fever.	Diphtheria.	Scarlet Fever.	Typhoid Fever.	Diphtheria.
North Ward ..	0	0	5	14	0	6	5	1	8	0	1	15
South Ward ..	4	1	3	7	0	2	5	0	13	4	1	3
Stourton Ward ..	0	0	0	9	0	2	12	0	4	2	0	1
Lofthouse Ward	10	0	2	3	0	15	6	0	5	4	0	1
Carlton Ward ..	27	1	11	5	0	4	0	5	7	2	0	0
Isolation Hos.	1	0	0	0	0	1	0	0	0	0	0	0
	42	2	21	38	0	30	28	6	37	12	2	20

DIARRHŒA.

Statistics of this disease are recorded up to two years of age only, and it might have been expected with a hot and dry Summer and Autumn as that of 1921 so markedly was, that a disease of this kind would have been very prevalent and, as a consequence, that we should have had to report a high Mortality Rate among young children. It is, therefore, pleasing to learn that though Infantile Diarrhœa, which is a disease notoriously fatal to very young children, was undoubtedly prevalent during the Summer and Autumn of 1921, we yet have the agreeably small number of five deaths of children under two years of age recorded, this giving us a Death Rate of 13.5 per thousand Registered Births as compared with the much higher National Rate of 15.5.

Of the five deaths occurring, one was in the North Ward, two in the South Ward, and one each in the Lofthouse-with-Thorpe and Carlton Wards respectively.

MEASLES AND WHOOPING COUGH.

Measles was but sparingly present in the District during 1921, and no fatal case occurred, this being in strong contrast to our experience in the previous year when during the course of a severe visitation of Measles we had eight deaths recorded.

Though Whooping Cough never became generally epidemic there were nevertheless many cases of it present in the District during 1921 and two deaths resulted, both being in the South Ward.

The Districts principally affected were Thorpe and Rothwell and it was found necessary to close the Wood Lane Infants' School for a period of three weeks June 3rd to June 24th, and the Infants' Department of Thorpe School for a period of five weeks on the 14th November to the 23rd December.

OPHTHALMIA NEONATORUM.

During 1921, one case of this disease, which is of overwhelming importance, being as it is the outstanding cause of cases of child blindness, was notified. The case was at once put under the direct supervision of the Health Visitor and recovery was complete.

In all cases in which a midwife has been in attendance at birth a report is furnished to the County Medical Officer of Health in his capacity of Inspector of Midwives.

In the course of my remarks on " Child Welfare " in the 1920 Report, I made special comment on this disease.

SCARLET FEVER.

During 1921, 52 cases of Scarlet Fever were recorded in the District as compared with 45 cases in 1920, so that 1921 thus adds another of the series of " light " years so far as Scarlet Fever is concerned which has prevailed since 1915.

There is nothing specially noteworthy regarding the Scarlet Fever Notification List for 1921, unless it be the rather striking fact that of the 52 cases notified in the District, the unduly large proportion of 45 of them were from the Carlton and Lofthouse-with-Thorpe Wards and of these the former Ward claimed no fewer than 34 cases, a circumstance which obviously suggests that the remaining three Wards in the District escaped almost entirely from the attentions of this disease, the Stourton Ward as a matter of fact presenting an entirely clean sheet.

Reference to my last Annual Report shows the rather curious fact that during 1919 and 1920 combined only five cases of Scarlet Fever were notified from the Carlton Ward, which rather suggests that when 1921 came along there was, as a result of this immunity during those two previous years, an undue proportion of susceptible children in that portion of the District ready to be attacked by the disease.

It may come as a surprise to those people who regard Scarlet Fever as essentially a child's disease to learn that during 1921 no fewer than eight cases, equivalent to between every sixth and

seventh case recorded, were those of adults between 20 and 35 years of age, a somewhat unusual circumstance I should imagine, and what is perhaps even more remarkable is the fact that though in five of these eight cases there were children in the house no other case was recorded either before or after the occurrence of the one under discussion, and in two of the instances in particular, in which the houses were small with very limited accommodation and in both of which there was a young family, none of the children were affected although in one case the father and in the other the mother were pronounced and undoubted cases of Scarlet Fever.

The cases notified occurred in the different Wards in the following proportions :—North Ward, 1 ; South Ward, 5 ; Stourton Ward, 0 ; Lofthouse-with-Thorpe Ward, 11 ; Carlton Ward, 34 ; and the Isolation Hospital Staff, 1. None of the cases notified proved fatal, so that again reference to Table 9 shows a local Mortality Rate of 0.00 as against the National Rate of 0.06 per thousand inhabitants.

DIPHTHERIA.

I am particularly pleased to be able to record a lessened Notification List on this occasion with regard to this disease.

In several of my later Annual Reports I have bemoaned the fact that Diphtheria persistently prevailed to an altogether undesirable extent in this District, but 1921, however, presents a much more encouraging record, as during that year only 22 cases of Diphtheria were recorded, and though this total is still little to my liking it marks a considerable advance on its immediate predecessors.

I can only again express the opinion that the incidence of this disease has been accentuated hitherto by the presence in the older parts of the district of undesirable housing conditions and overcrowding, and that until those conditions are remedied we shall continue to have an undue proportion of cases of Diphtheria in this District.

It is indeed satisfactory to learn that of the 22 recorded cases only one, in the North Ward, proved fatal, and here, I feel certain, we are much indebted to the Isolation Hospital, which dealt with 21 of the 22 cases under discussion, as there can I think be no question as to the infinitely better chance of recovery of cases of this disease when dealt with in Hospital rather than at their own homes.

Table 9 shows a National Mortality Rate during 1921 for Diphtheria of 0.12 as compared with our local figure of 0.06 per thousand inhabitants.

The cases notified occurred in the various Wards as follows :— North Ward, 5 ; South Ward, 3 ; Stourton Ward, 1 ; Lofthouse-with-Thorpe Ward, 2 ; Carlton Ward, 11.

It may be noted that the Carlton Ward on this occasion provides half the year's total and also that, as in the case of Scarlet Fever, this particular Ward in the previous year, 1920, showed a remarkably small Notification List of this disease.

In 1921 apart from the Carlton Ward, the District generally showed a pleasingly low rate of incidence of Diphtheria.

There is nothing noteworthy or suggestive regarding the cases in the Carlton Ward in 1921, notifications occurring in single cases over a period extending from January to October and at widely varying points in the Ward ; the cases in fact were pretty much of a sporadic character and certainly in no sense was the outbreak epidemic nor did it ever appear in the least likely to become so.

TYPHOID FEVER.

Although, during 1921, two cases of this disease, one in the South Ward and one in the Carlton Ward were reported, I nevertheless feel justified in claiming that our experience in 1921 amply confirmed my previously expressed opinion that Typhoid Fever has during the past ten years become a comparatively insignificant feature in the public health life of this District.

Of the two cases notified one was of very doubtful character and the other was a particularly mild case in which a positive diagnosis was established only by bacteriological examination, the clinical evidence being quite inconclusive.

During the ten years' period 1912-21, 37 cases of Typhoid have been notified in the Rothwell Urban District, or an average of 3.7 cases per year, and as a policy of universal conversion of privies to water closets is now in full operation in the District—all conversions to take place within five years—we have justifiable hope that, thus by the removal of the greatest predisposing cause, we shall in the near future reduce the incidence of Typhoid Fever in this District to insignificance.

I shall not labour this point now as I intend to revert to the question of conversions later in the Report when discussing "Housing."

As one of the two above mentioned cases proved fatal, our Mortality Rate for the year is shown to be 0.06 as compared with the National Rate of 0.02 per thousand inhabitants.

TUBERCULOSIS.

During 1921, 19 cases of Pulmonary Tuberculosis, 16 males and three females, were notified in the District, as compared with 10 cases in 1920, with 14 cases in 1919, and with 12 in 1918. The cases notified were allocated to the various Wards as follows:—North Ward 1; South Ward 1; Stourton Ward 8; Lofthouse-with-Thorpe Ward 4, Carlton Ward 5. In addition to the above Pulmonary Cases, there were likewise notified four cases of other forms of Tubercular Disease namely, four cases of Tuberculosis of Glands.

The number of deaths returned as due to Pulmonary Tuberculosis during the year was 13, of which five were males and eight females, whilst in addition two further deaths, both males, from other forms of Tubercular Disease were likewise recorded, thus making a gross total of 15 deaths during the year from all forms of Tubercular Disease as compared with 15 in 1920, with 11 in 1919, and with 18 in 1918. It may at the same time be noted that of the 19 cases of Pulmonary Tuberculosis notified in 1921, five died during the currency of the same year.

The Pulmonary Tuberculosis Death Rate was, in 1921, 0.83 per thousand population and the Phthisis deaths are in the proportion of 1 in 14 or 7.1 per cent. of the total deaths registered from all causes as compared with 1 in 19 or 5.3 per cent. in 1920, with 1 in 24 or 4.1 per cent. in 1919, and with 1 in 21 or 4.5 per cent. in 1918, and by adding to the deaths from Pulmonary Tuberculosis those from all other forms of Tubercular Disease we get the proportion of 1 in 12 or 8.3 per cent. of the total deaths registered during the year, from all causes, as having been due to Tubercular Disease in one form or another, as compared with 1 in 12 or 8.3 per cent. in 1920, with 1 in 18 or 5.5 per cent. in 1919, and 1 in 12 or 8.3 in 1918.

The mere quotation of bare statistics very often fails in its intention for the simple reason that the imagination of the reader or auditor is not sufficiently stirred, and consequently is not impressed by figures which may in reality be of supreme significance. The figures, therefore, I have just quoted may perhaps with advantage be put in another way. During 1921 we had, in the Rothwell Urban District, a total of 10 deaths from all forms of Zymotic Disease combined with the exception of Tuberculosis, which disease itself provided a total of 15 deaths during the same period, that is 50 per cent. more than all other forms of Zymotic Disease put together, and the same moral which the records of 1920 pointed is again evident on the present occasion, when it may be noted that, of all causes of Death during the year, only two, Pneumonia and Heart Disease, with 16 deaths each exceeded the death role of 15 exacted by Tuberculosis, though two other

conditions, namely Cancer and Bronchitis, showed exactly the same figure as did Tuberculosis. We are thus faced with the knowledge that after years of expenditure of an incalculable amount of money and effort in the establishment of an elaborate system of dealing with this disease, including the provision of sanatoria with a vast army of officials devoting their whole time and energies to this particular work, Tuberculosis is still capable of holding its place as one of the greatest factors in the destruction of human life in this country, and that it was in our own District responsible for every twelfth death which occurred during 1921 from all causes.

Another point of significance, worthy perhaps of more than passing notice, is that we find this disease looking for its victims at an age which ought to embrace the most valuable section of the community as is shown for example, in 1921, when out of a total of 19 notifications of Pulmonary Tuberculosis, 16 of them were found to be between the ages of 15 and 45 years of age, and on turning to the Pulmonary Tuberculosis Deaths during the same year we find that this same age period is debited with 10, equivalent to two-thirds, of the 15 recorded deaths. I have in more than one of my previous Annual Reports discussed this question of Tuberculosis at considerable length and have given expression to the opinion that, so far as the established system of dealing with Tuberculosis is concerned, the results have been most disappointing and in no way commensurate with the money and efforts expended and each succeeding year seemingly only tends to emphasize this failure. I know it is very easy to be a critic and likewise I am well aware that "Any fool may adversely criticize the results of the labour of a wise man," but nevertheless it is becoming increasingly evident that steps of a far more drastic and far reaching character will have to be taken before this disease is finally brought within sight of extinction.

Tuberculosis, like Syphilis, is at one and the same time a social and an economic plague with consequences to society in general which are well nigh illimitable. Both these diseases are capable of eradication and will, I feel certain, be eradicated though judging by present day results, a long and difficult path has yet to be travelled before humanity is released from the ravages inevitably following in the wake of these two diseases.

It is of the utmost importance that every case of Tuberculosis should be notified to the local Medical Officer of Health at the earliest possible moment, so that he may at once refer the case to the County Authorities and through them to the Officer in charge of the Tuberculosis Dispensary, thus ensuring that the question of Sanatorium Treatment, or on the contrary Dispensary or Domiciliary Treatment, shall without delay be considered. I am

afraid it is beyond question that an uncertain number of cases of Tuberculosis are never notified, and it is even more certain that in other cases notification is so delayed that the chances of the patient as regards treatment are seriously jeopardized. I should like to appeal to all Practitioners in the District to endeavour to notify the Medical Officer of Health at the earliest opportunity of any case coming within their notice—even cases of suspicion—so that he shall be enabled to ensure that such cases are at once brought to the notice of the Tuberculosis Authorities. The Tuberculosis Officer and Dispensary serving the Rothwell Urban District are located in Wakefield, five miles away, and I find that many patients object to travel this distance, either from inability to do so or on the score of expense, and I feel it would be greatly to the advantage of the Tuberculosis work in this District if it were found practicable to establish a clinic at a central point within the District's area, which the Tuberculosis Officer could visit once a week or once a fortnight, and I am sure by this means he would keep in much more intimate touch with the Tuberculosis patients in our District than it is at present possible for him to do, and it would at the same time be the means of bringing to his knowledge numbers of suspicious or non-notified cases—and even recognised Dispensary cases—who under present conditions decline to take the extra trouble or to incur the expense of travelling to Wakefield, some of whom are thus apt to drift out of official supervision.

HOUSING.

This branch of Public Health Work which, by weight of its own sheer urgency, has of late years forced itself to almost, if not actually, the most prominent position in an Annual Public Health Survey, and which at the same time has compelled the anxious and intimate consideration of Public Health Administrators, is of a most complex character and is one which, if dealt with in detail and according to its merits, would absorb a much greater amount of space and time in the compilation of such a report as this than can possibly be afforded it. Fortunately it is a subject which eminently lends itself to treatment by statistical tabulation and reference to the Housing Inspector's Report, which is incorporated in this one, will reveal at a glance the position of things prevailing at the end of 1921 in this District regarding every phase of the Housing question, provision of New Houses, Housing Inspection, Closing Orders, Privy Conversions, and so on.

What I intend doing on the present occasion is to discuss in more or less general terms this subject of "Housing" as it applies to our own District, and whilst taking the above mentioned statistical tables as a basis shall endeavour to deal with them in an explanatory manner and to amplify the information there given, and in the

course of my criticism and remarks shall treat separately the two obvious subdivisions into which this question naturally divides itself namely :—firstly, the question of provision of new houses ; and secondly, inspection of already existing property.

New Houses.

As regards the first question no great expenditure of time or space is called for, and I may begin by pointing out that at the end of 1921 the position of affairs in this District was as follows :—

Of the four sanctioned sites (a) Rothwell Haigh, (b) Thorpe, (c) Carlton, (d) Lofthouse ; two of them namely “ A ” and “ C ” had a gross total of 62 houses built and occupied, 56 of which were on the Rothwell Haigh Sites and the remaining six on the Carlton Site, and that at the same date 48 further houses were in course of erection, of which 34 were on the Rothwell Haigh Site, eight on the Thorpe Site, and the remaining six houses on the Lofthouse Site, thus giving at the end of 1921 a grand total of 110 new houses in the District, either built and occupied or in the course of erection. It will thus be seen that though good progress has up to 31st December 1921, to be reported as regards provision of new houses for the District we have still far to travel before our projected scheme of 671 houses allocated to those four approved sites becomes an accomplished fact.

There may be other districts in the Country in which the provision of further housing accommodation is as urgent a question as in the Rothwell Urban District, but I am sure there are none in which the need is more urgent. No one appreciates more than I do, in my capacity not only of Medical Officer of Health but also as, at the same time, a Practitioner thoroughly familiar with the Housing shortcomings of the District, how pressing this matter is or what a handicap it is to the public health of the District that so many people should, owing to house shortage, be compelled to live under overcrowded conditions, and the pity of the thing is that we generally find the worst cases of overcrowding in the very class of houses least adapted for it from the point of view of dilapidation and hygienic surroundings, thus making the question doubly urgent. If we believe that unhealthy housing conditions predetermine the inception of a number of the diseases which annually stand out so prominently in the Mortality Columns, then it becomes self evident that the only sane method of extirpating these diseases or even of seriously curtailing their activities lies in the blotting out of unhealthy and insanitary areas and the transference of the present dwellers in such areas to healthy houses amid healthy surroundings, and this in our District, at all events, can only be brought about by the provision of new houses to an extent far beyond present attainments.

It is little use for people to hold up their hands in horror at the appalling ravages caused by Tuberculosis and other similar diseases and to revile Public Health Officials for their failure to remedy this state of affairs, so long as they themselves remain parties to the retention of a system which encourages disease by compelling the more unfortunate section of their fellow citizens to live under conditions such as I have just been discussing.

Remove insanitary dwellings and slum conditions by the provision of a sufficiency of new houses, and I would have little hesitation in guaranteeing a decided change for the better in our Mortality and Disease Statistics before long. The responsibility here rests, and is bound to rest, upon the Housing Authority who must realize that for every insanitary, dilapidated, and unhealthy house, which they wish to remove they must provide a new house and that there is no other possible way out of the difficulty, and at the same time must likewise realize that certain types of death-dealing disease must inevitably continue to flourish until this is done. The public is wholeheartedly with them in this matter and though I am pleased to testify to the excellent work this Committee, to whom credit is undoubtedly due, has up to now carried out, it must nevertheless be borne in mind that, so far as meeting the house shortage in the District is concerned, what has been accomplished hitherto is a mere drop in the ocean and I appeal, as one of the responsible Public Health Officials in the District, to the Housing Committee to continue to carry on the good work they have so auspiciously commenced with even greater vigour and insistence. In this connection it is indeed a matter for satisfaction that signs are not absent in this District of private enterprise coming to the help of the Authorities in the reasonably near future and in this way easing their burden.

Housing Inspection.

With regard to the allied problem of House Inspection much work of a solid character has been done by the Housing Inspector during 1921, as may be seen by reference to the Tables in his Report. Such reference will show that during the year in question the number of houses inspected and recorded under the Housing Regulations, 1910, was 232, of which none were found unfit for habitation, that the number re-inspected was 410, that 23 were inspected under the Rent Restriction Act, and that a further list of 215 inspections were made under the Public Health Act in connection with defects of a minor and repairable character, thus giving a grand total of 880 houses inspected during 1921. Of the 232 houses inspected under the Housing Act, 166 were found not to be in all respects reasonably fit and therefore calling for repairs of a more or less extensive character, and in those cases action is

being taken under Section 91 of the Public Health Act 1875. The addition to the number of houses found with defects in 1921 to those of a similar character carried over from 1920 gives us a total of 410 houses with defects to be remedied during 1921, of which 94 have been remedied during the currency of that year, leaving a gross total, after the deduction of two houses which have been closed under Closing Orders, of 314 at the end of 1921 with defects still outstanding, of which 42 are still under Closing Orders served during 1921, whilst the remainder, 272, are under ordinary Notices.

It may strike the casual reader as curious that, of 44 houses in regard to which Closing Orders were served during the year, 42 of them are still in existence and presumably occupied at the end of the year, and this anomaly at once exposes the difficulty in which an Authority finds itself when there is a marked shortage of new houses or of those in a satisfactory condition. The people at present living in those "condemned" houses must live somewhere and if they cannot find alternative accommodation of a satisfactory standard must perforce continue to live for the time being where they are, however undesirable the housing conditions under which they are living may be.

This simply emphasizes the urgent need for more new houses as it is most reprehensible that people should continue to live in houses which have been declared by your Officials as unfit for human habitation, and the situation is certainly not relieved by the knowledge that a by no means negligible proportion of the better houses in the District are on the verge of overcrowding from the fact that young married couples are in most instances unable to obtain homes of their own, and have no alternative but to live with their parents and thus help to bring about overcrowded conditions.

What would be of great assistance in bringing about the closure and subsequent demolition of those "totally unfit" houses would be the endeavour in the interests of the public health of the district, to give the families occupying them precedence in the awarding of new houses, and I should like to link with these cases the more gross instances of overcrowding as being deserving of consideration beyond all others when new houses are to be allotted.

We are in the Rothwell Urban District now devoting a great amount of attention to this question of Housing Inspection in the endeavour to bring Housing Conditions up to the highest possible standard and are striving, where possible, to raise even the most undesirable property to a reasonable standard.

This implies an expenditure of much time and labour on the part of your Inspector and his Assistant and, recognising as one does the supreme importance of this question, its far reaching effect on the public health and its unquestioned influence on the

incidence and prevalence of diseases which are pre-eminent in swelling the Mortality Tables, it is only right this should be so. I doubt if anyone outside the circle of those concerned in the actual work has any idea of the enormous amount of time and labour expended on housing inspection in the District, and which must continue to be spent for some years if this work is to be brought up-to-date and maintained at a satisfactory level. The difficulty with Housing Inspection is that such a vast amount of clerical and recording work has to be done apart altogether from the actual inspections, the whole matter being to a very considerable extent dependent for its success upon the accuracy and completeness of the records kept. For this reason this particular branch of Public Health Work makes demands on a limited Staff to an unusual degree, and had your Inspector not been provided with an Assistant, Housing Inspection would to-day have been in a very much less satisfactory condition than it fortunately is, and the continued help of an Assistant is essential if this work is not to fall behind with resultant disastrous consequences to the District and with the neutralisation, likewise, of much of the good already done. The fact also at the same time must not be overlooked that a scheme for the universal conversion to the water-carriage system is in process in the District, and that you have given an undertaking to complete this within a period of five years. This again has thrown on your Inspector a great amount of extra work, which only the provision of an Assistant has enabled him to deal with, and whose continued assistance is essential for the successful carrying out of this all important undertaking.

There is probably nothing in the course of this Report which gives me so much satisfaction to record as does the fact that the year 1921 witnessed the first big step towards the abolition of all privy middens in your District. At the end of 1920, there were in the Rothwell Urban District 1,374 privies and 1,544 water closets, and by the end of 1921 the number of the former had fallen to 1,154 whilst the number of water closets had been raised to 1,833. At the end of 1921 likewise the number of privy middens had similarly fallen to 788 as against 304 dry ashpits and 770 ashbins.

During the year the number of privies converted into water closets was 220 whilst the number of ashbins provided in place of privy middens was 262, with in addition the conversion of 39 privy middens into dry ashpits. This total of conversion to water closets is, of course, entirely exclusive of those water closets provided to new houses which during 1921 were 69 in number.

It may be of interest to record, of the 220 conversions which occurred during 1921, that 148 of them were done under Section 36 of the Public Health Act, in which the owner bore the whole cost, and that in the case of the remaining 72 action was taken under Section 39 of the Public Health Act (Amendment Act) 1907, the Authority paying half cost of each conversion. The broad line of distinction drawn was that in cases where there was one privy to one house and that in good structural condition the conversion was carried out under the latter statute and half cost paid.

It will be seen from a survey of the above figures that the undertaking given a year ago by the Rothwell Urban Council has been fully honoured and it only needs continued effort on your part during the next few years in this matter, as well as in the allied question of paving of yards and private streets to the accomplishment of which you are equally committed, to revolutionize your District from a Public Health standpoint and to justly earn the gratitude of future as well as of present inhabitants as the progenitors of what is probably the most striking Public Health achievement the District in its long and varied career has experienced.

The following tables and statistics explain themselves and I may add that incorporated in this Report are the Reports of the Sanitary Inspector, the Veterinary Surgeon and the two Health Visitors, and I should like at this point to take the opportunity of again thanking Mr. Moorhouse, the Sanitary Inspector, for his willing and valuable co-operation and assistance during the year, and must likewise on behalf of the Rothwell Urban District Council express my thanks to Dr. Kaye, the County Medical Officer, and his Laboratory Staff, for their valued and much appreciated help in regard to Bacteriological Examinations which have been of the greatest assistance both to practitioners and the Sanitary Authority by facilitating early diagnosis of doubtful cases of all forms of Infectious Disease, and I am pleased to state that the facilities thus offered have been throughout the year extensively taken advantage of.

I may add, further, that the Rothwell Council provides free of charge antitoxin for the treatment of any case of Diphtheria in their District in which the Practitioner in attendance chooses to ask for it.

TABLE 4.

AGE AT DEATH.

Deaths under 1 year of age	..	..	32
,, over 1 year and under 5 years			13
,, ,, 5 years	15	,,	9
,, ,, 15	,,	25	8
,, ,, 25	,,	65	60
,, ,, 65	..	..	61
<hr/>			
Total deaths at all ages	..		<u>183</u>

TABLE 5.

ESTIMATED POPULATION, NUMBER OF DEATHS, &c., WITH RATES.

Year.	Estimated Population.	No. of Deaths.	No. of Births.	Death Rate per 1,000 inhabitants.	Birth Rate per 1,000 inhabitants.	Deaths under 1 year per 1,000 Births.	Zymotic Death Rate.
1921	15,500	183	370	11.80	23.87	86	0.58
1920	14,776	186	409	12.58	27.68	83	0.81
	{ 14,210*						
1919	{ 14,803†	197	341	13.86	23.03	61	0.63
	{ 16,519*						
1918	{ 14,743†	219	333	14.85	20.15	84	1.89
	{ 14,127*						
1917	{ 15,748†	201	302	14.22	19.18	142	0.99
	{ 14,386*						
1916	{ 15,651†	186	351	12.23	22.42	88	0.69
1915	14,755	223	367	15.11	24.59	125	1.96
1914	14,925	214	374	14.33	25.05	120	2.6
1913	14,855	214	422	14.40	28.40	139	2.0
1912	14,720	164	393	11.14	26.69	58	0.6
1911	14,465	220	359	15.21	24.89	116	2.4

* Civilian Population estimated by Registrar General.

† Gross Population estimated by Registrar General.

TABLE 6.

No. INHABITED HOUSES, POPULATION, &c., AT CENSUS
1911, &c.

	Census.	Number Inhabited Houses.	Population.	Number Inhabitants per House.
Rothwell Urban District Area	1911	3,090	14,279	4.62
Do. do.	1901	2,487	11,702	4.70
Do. do.	1891	1,296	6,205	4.78
Do. do.	1881	1,077	5,103	4.73

TABLE 7.

BIRTHS AND DEATHS IN VARIOUS WARDS.

	BIRTHS.			DEATHS.			Total excess Births over Deaths.
	Males.	Fe- males.	Total.	Males.	Fe- males.	Total.	
Urban District Area ..	198	172	370	93	90	183	187
North Ward	41	35	76	19	12	31	45
South Ward	34	38	72	19	25	44	28
Stourton Ward ..	48	42	90	17	16	33	57
Lofthouse Ward ..	28	22	50	15	13	28	22
Carlton Ward	47	35	82	23	24	47	35

TABLE 8.

ZYMOTIC DEATHS IN VARIOUS WARDS.

	Scarlet Fever.	Measles.	Whooping Cough.	Diphtheria.	Enteric.	Diarrhoea. under 2 years.	Zymotic Death Rate.
North Ward	0	0	0	1	0	1	0.58
South Ward	0	0	2	0	1	2	
Stourton Ward ..	0	0	0	0	0	0	
Lofthouse Ward ..	0	0	0	0	0	1	
Carlton Ward	0	0	0	0	0	1	

TABLE 9.

BIRTH-RATE, DEATH-RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1921.

(Provisional figures. Populations as enumerated in 1921 have been used for the purpose of this Table. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns).

	Birth-Rate per 1,000 Total Popu- lation.	Annual death-rate per 1,000 Population.									Rate per 1,000 Births.		Percentage of Total Deaths.			
		All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under 2 years).	Total Deaths under one year.	Deaths in Public Institutions.	Certified Causes of Death.	Inquest Cases.	Uncertified causes of Death.
England and Wales ..	22.4	12.1	0.02	0.00	0.06	0.03	0.12	0.12	0.23	0.44	15.5	83	25.5	92.5	6.4	1.1
96 Great Towns, in- cluding London (1911) Census Populations exceeding 50,000) ..	23.3	12.3	0.01	0.00	0.08	0.04	0.13	0.15	0.23	0.40	19.3	87	33.2	92.5	6.8	0.7
148 Smaller Towns (1911) (Census Populations 20,000-50,000) ..	22.7	11.3	0.01	0.00	0.05	0.03	0.11	0.11	0.26	0.35	15.6	84	17.7	93.5	5.1	1.4
London ..	22.3	12.4	0.01	0.00	0.05	0.06	0.12	0.25	0.23	0.42	21.3	80	49.2	91.6	8.2	0.2
Rothwell U.D.C. ..	23.87	11.80	0.06	0.00	0.00	0.00	0.12	0.06	0.19	0.77	13.5	86			7.6	

REPORT ON SANITARY MATTERS.

The Sanitary Inspector's Report contains full particulars of the work under the Housing Acts, Nuisances Abated, Removal of House Refuse, Supervision of Food Supply, Sanitary Conveniences, and Conversion of Privies into Water Closets, Disinfection, and General Sanitary Work. The Veterinary Inspector's Report gives details of the Inspection of milk cattle, each of these are incorporated in this Report.

WATER SUPPLY.

The Water Supply of the District has been obtained in the amounts mentioned below from the following Local Authorities during the past year:—

Leeds Corporation	.. ..	..	94,819,000	galls.
Ardsley Urban District Council	..	..	26,634,000	„
Stanley Urban District Council	..	..	19,000	„
Hunslet Rural District Council	..	..	2,670,000	„
				<hr/>
				124,142,000 galls.
				<hr/>

Of this quantity 40,198,000 gallons were used through meters for trade purposes, and 83,944,000 gallons being allocated to domestic consumption and leakage, which is at the rate of 15 gallons per head per day of the population.

The extension of water mains during the year consisted of 145 yards of 6 inch water mains, and 174 yards of 3 inch water main laid to the Rothwell Haigh Housing Site, 15 yards of 4 inch water main laid to the Lofthouse Housing Site, and 60 yards minor extensions. In addition the 3 inch and 4 inch water main from Robin Hood to Bell Hill was replaced by 1,107 yards of 8 inch water main. There are still occasional complaints of shortage of water supply from the higher levels of the District.

DRAINAGE AND SEWERAGE.

The District has been in the past well provided with a comprehensive system of sewers and new sewers only require laying to the new housing sites as needed.

During the year 1,044 yards of 9 inch pipe sewers have been laid to the various housing sites, and 12,070 yards of 12 inch sewer from Leadwell Lane to Robin Hood have been taken up, cleaned out and relaid.

SEWERAGE WORKS.

Thorpe Sewerage Works.—These recently remodelled works are much more satisfactory than the old works were.

Stourton Sewerage Works.—The Stourton Sewerage Works continue to give every satisfaction.

Lemonroyd Sewerage Works.—There have been no alterations to these Works during the year. The engineering difficulties to be encountered at these Works on account of possible subsidence still remain unsolved, the matter still being under the serious consideration of the Council.

BURIAL GROUNDS.

There has been no change during the year.

SCHOOLS.

The Public Elementary Schools in the District are as follows :—

Rothwell Council Schools.
 Rothwell National Schools.
 Rothwell (Wood Lane) Council School.
 Stourton (Upper) Council School.
 Stourton (Infants') Council School.
 Robin Hood (Upper) Council School.
 Robin Hood (Infants') Council School.
 Thorpe Council School.
 Lofthouse National School.
 Carlton Council School.

The Schools in this District are all substantially built brick buildings. All have been recently reconstructed on modern lines, and a good number are entirely of modern construction. Each School has a good supply of town's water, is efficiently and properly drained, and connected to the Council's sewer, is provided with closets on the water carriage system, and has a suitable asphalted playground. Each School is heated by means of hot water pipes, is satisfactorily lighted, and the majority are fitted with efficient means of ventilation, though in the case of some of the older school-rooms, there is still room for improvement in this respect.

Visits are paid to the Schools by myself and the Sanitary Inspector from time to time as occasion arises, and particularly in connection with outbreaks of infectious disease.

ADOPTIVE ACTS, BYE-LAWS AND ORDERS.

The following Acts, Bye-Laws and Orders have been adopted and are now in force in your District :—

ACTS.

1. Private Street Works Act, 1892 (whole Act) Adopted May 13th, 1895.
2. Infectious Diseases Prevention Act, 1890
(whole Act) Adopted March 25th, 1898.
3. Public Health Acts Amendment Act, 1890
(Parts 2, 3, 4 and 5) Adopted March 23rd, 1899.
4. Public Health Act Amendment Act, 1907
(Parts 2, 3, 4, 6 and 10) Adopted July 8th, 1914.
5. Notification of Births Act, 1907 Adopted July 18th, 1914.
6. Rothwell Joint Cemetery Order, 1914 Adopted May 22nd, 1914.

BYE-LAWS AND REGULATIONS.

1. Private Scavenging Adopted Nov. 17th, 1892.
2. Prevention of Nuisances Adopted Nov. 17th, 1892.
3. Common Lodging Houses Adopted Nov. 17th, 1892.
4. Offensive Trades Adopted Nov. 17th, 1892.
5. New Streets and Buildings (Public Health
Act, 1875) Adopted Nov. 17th, 1892.
6. Slaughter Houses Adopted Nov. 17th, 1892.
7. Bye-Laws as to Omnibuses, Town Police
Clauses Act, 1899 Adopted Feb. 28th, 1900.
8. Regulations under Dairies, Cow-sheds and
Milkshops Order Adopted June 1st, 1900.
9. Bye-Laws for the Regulation of Allotments Adopted June 24th, 1907.
10. Bye-Laws for the Regulation of the Water
Supply Adopted March 30th, 1914.
11. Cellar Dwellings under Housing and Town
Planning Act, 1909 Adopted Oct. 31st, 1914.

ORDERS.

1. Extension of District December 29th, 1892.
2. Constitution of the Rothwell, Methley and
Hunslet Joint Hospital Committee upon
which Rothwell is represented by 5
members out of 10 January 10th, 1900.
3. Confirmation of Order of the Wakefield and
District Small Pox Hospital Committee
on which Rothwell is represented by 1
member out of 15 February 20th, 1904.

In conclusion I wish to express my appreciation of the courteous and considerate manner in which the Members of the Council have dealt with me throughout the past year, and in particular to extend my thanks to the Chairman and Members of the Sanitary Committee for their continued support on all occasions during the year in question.

I beg to remain, Gentlemen,

Yours faithfully,

HUGH STEVENSON,

Medical Officer of Health.

Rothwell Urban District Council.

ANNUAL REPORT

OF THE

Sanitary Inspector and Superintendent of Cleansing
(E. F. MOORHOUSE)

for the year, 1921.

*To the Chairman and Members of the
Rothwell Urban District Council.*

GENTLEMEN,

I herewith submit for your information and consideration my Annual Report for the past year showing the work of my Department.

A large amount of additional work was thrown upon my Department in the earlier part of the year in preparation of a mass of information and statistical details which had to be prepared in support of the Council's Opposition to the Leeds Borough Extension Scheme.

As on these occasions it invariably happens that attacks are made upon the sanitary conditions and administration of the District to be annexed, not only was it necessary to compile the statistics and information referred to, while also supervising and maintaining the ordinary routine Public Health Services, but in addition, special inspections and reports upon phases of Public Health Administration in the City of Leeds had to be made, often at short notice.

It is gratifying to be able to report that our efforts to maintain this District's identity were rewarded with success.

The year under review has indeed been a strenuous one for your Sanitary Officials, as in addition to the ordinary routine work of the Department, which has in itself been above normal, special activities have been undertaken in connection with the work of abolishing the Privy Midden System and improving Housing Conditions, details of which are given under separate headings later in my Report.

The good progress made during the year in carrying out these improvements has only been possible with the help of an Assistant Sanitary Inspector whose appointment will be shown to be more than justified by a perusal of the various improvements shown under the headings of Housing and Sanitary Conveniences, and it is obvious that if this progress is to be maintained, the services of the Assistant Inspector will have to be continued for some little time yet to come.

In previous Reports, suggestions and recommendations have been repeatedly made by both your Medical Officer of Health and myself for increased activity in the various Public Health Services and Administration, which we considered it our duty as your responsible Public Health Officers, to bring specially to your notice in the interests of the health of the District.

On this occasion, however, as you have already put into actual operation such essential and extensive schemes for improving the health conditions and amenities of the District, there is no need on this occasion for suggestions to be made beyond urging upon you the advisability and necessity of continuing and carrying out to a satisfactory completion the schemes and improvements already commenced which are as follows :—

- (a) The abolition of the Privy System.
- (b) Improving of Existing Housing Conditions by special attention to the most dilapidated and unsatisfactory types of dwelling houses.
- (c) The surfacing of Common Yards and Private Streets.
- (d) Improved methods of Refuse Removal and Disposal.
- (e) Erection of New Dwelling Houses.
- (f) Road Improvement Schemes on a large scale.

Exception might be taken by some that the present period of financial stringency and trade depression is not the time for any activity in these matters, but it must be remembered that many of these improvements and changes are long overdue, and that the carrying out of such works and schemes invariably produces employment, and trade, which are further inducements to you to proceed.

It is no use disguising the fact that the present Council has of necessity to carry out many extensive and urgent schemes of Public Health Work, which ought to have been carried out many years ago by previous Councils, and in my humble opinion great credit is due to the present Members of the Council for the manner in which they are dealing with many difficult and complicated Public Health Problems in a progressive and businesslike spirit, as in no sphere of business or life, are clear and long sighted views so essential as in the administration of Public affairs.

OFFICE WORK.

As few people appear to have any comprehension of the enormous amount of routine work entailed in the ordinary administration of a Public Health Department, the following details of letters written, notices served, inspections made, etc., during 1921 in my Department, in addition to the keeping of a large number of official registers and records will, perhaps, be interesting and informative.

While the following details do not by any means show the whole of this work in my Department, it will at any rate give some idea of the work entailed in this respect :—

Letters written.. .. .	586
Informal Notices—Housing	157
Various	501
Legal Notices—Abatement of Nuisances	49
Insufficient Closet Accommodation (Sect. 36)	519
Conversion of Privies (Sect. 39 (4))	120
Housing Repairs	42
Housing Record Cards Entered	232
Certificates granted under Rent Restriction Act ..	23
Miscellaneous Licences	18
	<hr/>
TOTAL	2,247
	<hr/>
Entries in Official Registers and Records ..	1,757

ABATEMENT OF NUISANCES.

Table No. 1 shows the number and kinds of Nuisances Abated during the past three years.

Many householders having apparently got the idea that any nuisance or defect in the house should be reported first to the Council and not to the owner—this often being done without the owner knowing of the cause of the complaint—the Sanitary Committee has now decided that when complaints are made the complainant should be asked to first make his complaint to the owner to give the owner the opportunity of doing the necessary repairs, etc., and to then complain to the Council when the owner has failed to comply with any reasonable complaint of the tenant. This instruction is now being carried out and has resulted in the removal of the complaint by some owners and agents that the Council unnecessarily interfere between the owners and their tenants.

TABLE 1.

NUISANCES ABATED DURING PAST 3 YEARS.

NUISANCES.			1919.	1920.	1921.
1.	Number of	stopped drains cleared	48	52	54
2.	..	stopped water closets cleared	24	23	10
3.	..	stopped gullies cleared	12	15	2
4.	..	house drains relaid	3	7	3
5.	..	new sink pipes inserted	10	6	7
6.	..	water closets repaired	60	46	20
7.	..	defective roofs repaired	61	37	24
8.	..	defective eaves spouting repaired	42	17	10
9.	..	rainfall pipes repaired	20	10	8
10.	..	house roofs repaired	40	142	13
11.	..	flooded cellars remedied	4	9	12
12.	..	cases of waste water remedied	56	47	38
13.	..	offensive accumulations removed	3	4	5
14.	..	Inspection Chamber inserted to drains	2	2	99
15.	..	privies converted into water closets	4	7	220
16.	..	defective ashbins renewed	14	20	15
17.	..	privy middens abolished	2	5	106
18.	..	ashbins provided in lieu of fixed ashbins	9	34	259
19.	..	miscellaneous nuisances abated	40	23	74
Totals			454	506	979

HOUSING CONDITIONS.

The work in regard to housing in the District has during the year under survey been practically a continuation of the work commenced in 1920.

The Housing Survey of 1920 disclosed a large number of unsatisfactory houses, and houses in a bad state of repair upon which attention was specially centred. This work of improving housing conditions is necessarily very slow, and although I know of no work that is so discouraging, so thankless, so depressing, and so slow in showing beneficial results as that of improving housing conditions, I think we have every cause to be satisfied with the progress made during the past year.

The Housing Acts and Regulations made by Parliament are drawn up with a view of safe-guarding at every point any unfair and unjust treatment of property owners by Councils, with the result that in calling upon an owner for repairs, however necessary they may appear, certain legal formalities have to be observed, and however strenuous one may be in trying to get improved housing conditions, the progress is necessarily slow.

The first inspections—including the entry of the records—constitute only a small part of the time and labour which is occupied in getting required improvements put into effect, as before the remedial works can be commenced there is the routine work to be gone through of drawing up of the repairs necessary to each house and detailed specifications of the works necessary for the various trades. This is usually followed by appointments and re-appointments, and discussions with owners, agents, or contractors, before even an attempt is made for the work to be done.

The work having been commenced there are re-inspections as the work proceeds and final records to be entered of the works carried out.

This is the routine work that has to be gone through, in practically every case of a house inspected for ordinary repairs, but when cases arise, as they continually do, necessitating the issuing of Closing Orders upon owners, notices to tenants to quit, notices of demolition etc., further appointments with owners or agents, one realizes a little of the difficulties, trouble, and worry the work of improving housing conditions entails upon those responsible for its administration.

A perusal of the summaries and appendices which follow—and I particularly call your attention to the summary of improvements in Table 2—show that in addition to a large amount of the ordinary housing work that 44 Closing Orders have been served during 1921.

Closing Orders.

The position in regard to the 44 houses under Closing Orders is that the procedure to be followed has reached practically every stage ranging from the service of the Orders to actual demolition.

One House has been vacated by the tenant and the house demolished; three have been vacated and are now standing unoccupied; two houses are under appeal to the Ministry; seven houses have been under appeal, but the appeal has now been withdrawn and an agreement entered into between the Council and the owner under which some of the houses will be demolished and others made habitable; two houses are at present undergoing repairs; the owners have given undertakings to carry out repairs to five houses; and similar promises have been given by owners to demolish eight houses when they become vacant; one house is still the subject of negotiations in regard to repairs; two require fresh notices owing to change of ownership, and the remaining 13 houses have had notices to quit served upon the tenants, but the houses are still occupied, and until more houses at rents these tenants can afford to pay are available, these houses will of necessity have to continue being occupied as at present.

TABLE 2.

SUMMARY OF IMPROVEMENTS TO DWELLING HOUSES UNDER THE HOUSING ACTS.	No.
(a) Improvements for external dilapidations or to prevent dampness, such as repairs or renewing of gutters, rain-water pipes, walls, provision of open areas, etc.	216
(b) Improvements for internal dilapidations or defects, including repairs and removals to floors, walls, ceilings, windows and provision of food pantries	273
(c) Improved means of ventilation to living rooms and food pantries, such as the insertion of air grates, etc. . .	39
(d) Improvements to closets and ashpits, including the conversion of privies into water closets, substitution of ashbins for ashpits, additional means of closet accommodation, etc.	11
(e) Improvements to drainage, including drains relaid, chambers inserted, ventilation provided, etc.	58
Total	597

SUMMARY OF HOUSING WORK.

(1) No. of Dwelling Houses inspected during 1921 under the Housing Act	232
(2) No. of Dwelling Houses re-inspected during 1921	410
(3) No. of Dwelling Houses inspected under Rent Restriction Act	23
(3a) No. of Dwelling Houses inspected under P.H. Act	215
Total	880
(4) No. of Dwelling Houses in respect of which repairs have been completed under Housing Acts	94
(4a) No. of Dwelling Houses inspected under P.H. Acts with defects remedied	178
Total	272
(5) No. of Dwelling Houses in respect of which Closing Orders have been served	44

Houses with defects outstanding December 1920 ..	244
Houses found with defects during 1921 ..	166

Total Houses with defects to be remedied during 1921 ..	410
Houses with defects remedied 1921	94
Houses Closed under Closing Orders	2
	96

Leaving Houses still with defects Dec. 1921 314

Of these 314, 42 are still under Closing Orders, and the remainder—272 are under ordinary Notices.

New Housing.

Two new Houses have been erected by private enterprise.

The following tables give details of sites, lay-outs, plans, tenders submitted and approved by the Ministry of Health.

TABLE 3.

SITES.					LAY-OUTS.	
Site.	Applications Submitted.		Applications Approved.		Sub- mitted.	Approved.
	No. of Houses	Acreage	No. of Houses	Acreage	No. of Houses	No. of Houses
Rothwell Haigh	270	48.830	270	48.830	270	270
Thorpe ..	100	12.000	100	12.000	100	100
Carlton ..	105	13.769	105	13.769	105	105
Lofthouse ..	196	30.271	196	20.271	196	196
Total ..	671	104.870	671	94.870	671	671

TABLE 4.

SITE.	HOUSE PLANS.				TENDERS.				Total Works Com- menced. and not com- pleted.	Total Houses Occu- pied.
	Submitted.		Approved.		Submitted.		Approved.			
	No. of Houses.		No. of Houses		No. of Houses.		No. of Houses.			
	Scul- lery.	Par- lour.	Scul- lery.	Par- lour.	Scul- lery.	Par- lour.	Scul- lery.	Par- lour.		
Rothwell Haigh ..	122	76	122	76	122	76	72	18	34	56
Carlton	42	12	42	12	42	12	6	—	0	6
Thorpe	36	20	36	20	36	20	—	8	8	—
Lofthouse	36	12	36	12	36	12	6	—	6	—
TOTAL ..	236	120	236	120	236	120	84	26	48	62

TABLE 5.

	Rothwell Haigh Site.	Leadwell Lane Site.	Thorpe Site.	Lofthouse Site.	Total.
Total Houses built and occupied during 1920 ..	6	..	..	..	6
Do. do. 1921	50	6	..	..	56
Houses in course of erection 26th Jan., 1922 ..	34	..	8	6	48
Total ..	90	6	8	6	110

APPENDICES.

HOUSING CONDITIONS STATISTICS.

Year ended 31st December, 1921.

Number of New Houses erected during the year :—

(a) Total	58
(b) As part of a municipal housing scheme ..	56

UNFIT DWELLING HOUSES.

I.—Inspection.

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	447
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	232
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	0
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	166

II.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	272
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III.—Action under Statutory Powers.

A.—Proceedings under section 28 of the Housing, Town Planning, &c., Act, 1919 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ..	0
(2) Number of dwelling-houses which were rendered fit :—	
(a) By Owners	0
(b) By Local Authority in default of owners	0
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	0

B.—Proceedings under Public Health Acts :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	66
(2) Number of dwelling-houses in which defects were remedied :—	
(a) By owners	42
(b) By Local Authority in default of owners	0

C.—Proceedings under sections 17 and 18 of the Housing, Town Planning, &c., Act, 1909 :—

(1) Numbers of representations made with a view to the making of Closing Orders	44
(2) Number of dwelling-houses in respect of which Closing Orders were made	44
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	0
(4) Number of dwelling-houses in respect of which Demolition Orders were made	0
(5) Number of dwelling-houses demolished voluntarily after service of Closing Order	1

FOOD SUPPLY.

The importance of safe-guarding the purity and freedom from disease of the food supply of the District will, I think, be generally acknowledged as one of primary importance.

My duties under the Council, towards accomplishing the above desideratum, are as follows :—

- (1) Foods and Drugs Acts.—Taking of samples of foods to ensure that their quality and purity are maintained and that the purchaser and consumer are not supplied with adulterated and inferior articles of food.
- (2) Inspection of the Cowsheds and Milk Cattle.—To obtain clean milk from cattle free from diseases.
- (3) Inspection of the Foods sold in the District—especially meat—to prevent diseased or unsound foods being sold to the public, and
- (4) Inspection of Slaughter Houses and other Premises where food is prepared for human consumption to see that they are kept clean, and properly managed.

Work under the Food and Drugs Acts.

Samples of milk and other foods have been taken and submitted by me to the Public Analyst for analysis as follows :—

Samples of New Milk analysed for purity and adul-		
teration	32	} 52
Samples of New Milk analysed for dirt	4	
Samples of New Milk analysed bacteriologically..	0	
Samples of Foods analysed for adulteration ..	16	

Of the 32 milk samples, 23 were certified to be “genuine” in quality, one was slightly deficient in natural fat, and eight were certified to be adulterated by the addition of added water. The eight adulterated samples were from four sources, and four contained under 3 per cent. of added water, two contained from 3 to 4 per cent. of added water, and two contained from 7 to 8 per cent. of added water. In no instances were legal proceedings instituted, but the vendors were warned by the Legal Department. The four samples of milk analysed for the presence of dirt were all returned as being clean milks.

The 16 samples of food substances were all certified to be "genuine" in quality and consisted of one each of the following substances:—Cheese; Linseed; Sugar; Lard; Rice; Ground Rice; Tea; Baking Powder; Tapioca; Flour; Coffee; Syrup; Vinegar; and Margarine; and two samples of Butter.

It is satisfactory to note that all the 52 samples were free from any traces of preservatives.

Inspection of Cowsheds and Milk Cattle.

The number of cowsheds from which milk is supplied to the public is 44, and the average number of cows therein 206.

Each shed has been visited at least three times during the year by the Veterinary Surgeon and myself to examine the cattle and inspect the premises.

I am satisfied that for quality of cattle, cleanliness of milk cows and sheds, our District compares more than favourably with any other District.

The Veterinary Inspector's Report upon the condition of the milk cattle is as follows:—

"The number of dairy cattle examined during the year has been 617.

In addition to minor cases, three cows with diseased udders were discovered and dealt with, the milk also being immediately stopped.

The general condition of the cattle is gradually improving.

(Signed) SAMUEL WHARAM, M.R.C.V.S.

January, 1922."

Food Inspection.

This consists chiefly of the inspection of meat at the Slaughter Houses during slaughter of the animal and at the Butchers' Shops after the meat has been prepared for sale.

This work of inspecting meat necessarily occupies a good proportion of my time, and is work which calls for technical knowledge of a very high degree, and no little responsibility.

The following tables show the carcasses inspected, the number of seizures of unsound food, visits to slaughter houses and shops, and the amount of meat condemned each year during the past three years.

The meat condemned during the year was condemned on account of the following diseases :—Tuberculosis, Bacterial Necrosis, Actinomycosis, Tumours, and Parasitic Disease.

Premises where Food is Prepared.

There are five private Slaughter Houses in the District, only three of which are in regular use.

Of the whole of the meat slaughtered in the District 75 per cent. is slaughtered at one slaughter house, and at this same slaughter house meat is slaughtered for butchers in adjoining districts.

The slaughter houses are all of modern construction kept in a cleanly condition. All are licensed annually. There are 16 butchers' shops in the District, all of which are regularly visited by me.

I have periodically visited the various premises where food is prepared for sale, including bakeries and fried fish shops, and no cause for complaint was found.

TABLE 5.

**TOTAL NUMBER OF CARCASSES INSPECTED DURING THE
PAST THREE YEARS.**

KINDS.				1919.	1920.	1921.
Fresh killed Beef Carcases	..	..	..	723	672	653
Fresh killed Calf Carcases	..	...	...	—	—	7
Fresh killed Mutton Carcases	..	..	..	1,416	654	785
Fresh Killed Pig Carcases	..	..	..	65	73	142
Frozen Beef Quarters	..	..	..	729	444	104
Frozen Mutton Carcases	..	..	..	610	748	64
TOTALS	..	..	..	3,543	2,591	1,755

TABLE 6.

**VISITS MADE TO SLAUGHTER HOUSES AND BUTCHERS'
SHOPS DURING THE PAST THREE YEARS TO INSPECT MEAT.**

Year.	Visits to Slaughter Houses.	Visits to Butchers' Shops.	Total Visits.
1921	143	211	354
1920	124	140	264
1919	153	83	236

TABLE 7.

**NUMBER OF SEIZURES OF MEAT UNFIT FOR HUMAN
CONSUMPTION DURING THE PAST THREE YEARS.**

1921—28	1920—38.	1919—46
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TABLE 8.

Year.	Fresh Killed Meat on account of Bacterial or Parasitic Diseases.	Fresh Killed Pork on account of Tuberculosis.	Frozen Meat on account of Putrescence.	Totals.
1921	944½ lbs.	190 lbs.	Nil.	1,134½ lbs.
1920	532 lbs.	Nil.	358 lbs.	890 lbs.
1919	2,536 lbs.	284 lbs.	252 lbs.	3,072 lbs.

10½ lbs. of Butter on account of rancidity in 1921.

SANITARY CONVENIENCES.

The large amount of preparatory work necessary in the preparation of the reports, serving of notices, and the usual procedure to be observed before the actual work is commenced which was referred to in last year's Report, has borne fruit during the past year, as is shown in the following tabular statement of Improvements to Sanitary Conveniences.

IMPROVEMENTS TO SANITARY CONVENIENCES DURING 1921.

Privies abolished—that is, converted into water closets or demolished	220
Water Closets provided in lieu of the 220 Privies ..	231
Privy Middens abolished, <i>i.e.</i> , converted to other purposes or demolished	106
Privy Middens converted into Dry Ashbins	39
Portable Ashbins provided in lieu of Fixed Ashpits ..	263
No. of dwelling-houses affected by the above changes ..	337

Of the 220 privies converted, 72 were converted under Section 39(4) of the 1907 Act towards which the Council paid half cost, and the remaining 148 privies were converted at the owners' expense under Section 36 of the 1875 Act.

In spite of the good progress made, it will be noticed from Table No. 10 that there are still 1,154 privies yet remaining to be converted, and if the promise given to the Ministry of Health at the time of the Leeds Extension Inquiry is to be fulfilled, the present rate of progress must be continued without a break for the next five years.

The general public are now beginning to realize for themselves the great improvement, the abolition of the privy midden makes in their home surroundings, that there is now no need—as in former years—to enlarge upon the benefits of the water closet system over that of the privy system.

The work that is being carried out in this respect is not merely the abolition of the privy, but in most instances means the abolition of the fixed ashpit as well, the ashpit being replaced with portable ashbins. In other words it means that where previously human excreta and household refuse were left lying near the dwelling-houses for periods varying from three to four weeks, it now means that the excremental matter is removed immediately underground from the vicinity of the houses, and that the other refuse is removed every week.

There can be no possible valid reason for not carrying on to as speedy a completion as possible this work of conversion so well begun.

The number and types of the various conveniences in the District are shewn in Table 10.

Table 9 shews the number of privies abolished each year during the past 17 years.

TABLE 9.

DETAILS OF PRIVIES DEMOLISHED DURING THE PAST 17 YEARS.

YEARS.								PRIVIES ABOLISHED.
1921	..	..	..	..	..	..	..	220
1920	..	..	..	..	..	..	..	7
During the 5 years, 1915-19					..	..	..	19
During the 5 years, 1910-14					..	..	..	126
During the 5 years, 1905-09					..	..	..	83

TABLE 10.

DETAILS OF SANITARY CONVENIENCES IN DISTRICT.

31st DECEMBER, 1921.

NUMBER AND TYPE OF CLOSETS			NUMBER AND TYPE OF ASHPITS				CESSPOOLS EMPTIED BY SANITARY STAFF.	TROUGH CLOSETS FLUSHED BY SANITARY STAFF.
DRY SYSTEM.		WATER-CARRIAGE SYSTEM.	TOTAL NO. OF ASHPITS ALL KINDS.	ASHPITS CONNECTED WITH PRIVIES	DRY ASHPITS.			
FIXED RECEP- TACLES.	MOVABLE RECEP- TACLES.	FRESH WATER.			WASTE- WATER OR HAND FLUSHED.	FIXED ASHPITS.			MOVABLE ASHBINS.
1,148	6	1,695	138	2,007	728	336	943	19

REFUSE REMOVAL AND SCAVENGING.

There has been no change in the method of removal or disposal during the year. A total of 7,759 loads of refuse has been removed. The privies and privy middens have been emptied monthly during Winter months, and every three weeks during the Summer, and 943 ashbins have been emptied weekly.

Never before in the history of this District has the cleansing of the ashpits been more frequently carried out and carried out with less complaints than is the case to-day.

The provision of additional stabling accommodation has—owing to various causes—been further delayed, but contracts for the work will be let in the near future, and additional horses obtained and the contract system in regard to refuse removal in this District will then cease.

Several adjoining Districts are adopting the motor system of removal, but while we continue to dispose of our refuse by carting it on to the land for its use by farmers, I do not feel disposed to recommend this system at present, as many of the approaches to the land are quite unfitted for motors. The adoption of motors has, however, many advantages, and as soon as the time is opportune I shall not hesitate to recommend its adoption.

There continues to be a steady demand for our refuse for manurial purposes, but occasionally complaints are made of the nuisance caused by paper being blown from the ashbin refuse after it is put on to the land, and it is a question of policy which the Sanitary Committee will have to decide in the near future, whether some modification of the present system should not be adopted, and so remove the causes of these complaints.

The work of regular cleaning out the 10,000 house gullies in the District, the regular cleansing of cesspools, the periodical flushing of the sewers, and the systematic cleansing of the trough closets in the District, calls for no special comment, and the whole of this work has been carried out without giving rise to any complaints.

DISINFECTION.

Disinfection of infected premises is carried out by means of Formalin fumigation, and the infected bedding and clothing are removed to the Isolation Hospital for disinfection by steam, and there has been no change during the past year in this system.

TABLE 11.
SUMMARY OF DISINFECTION WORK.

Number of infected houses disinfected	..	..	..	..	85
„ „ rooms disinfected	..	..	..	..	154
„ „ houses disinfected throughout	..	..	..	..	20
„ „ houses with one, two or more rooms disinfected	..	..	..	..	65
„ classrooms disinfected in schools	..	..	..	..	0
„ schools disinfected throughout	..	..	..	..	0
„ miscellaneous buildings disinfected	..	..	..	..	1
„ houses disinfected on account of Scarlet Fever	..	..	..	..	52
„ „ „ „ „ Diphtheria	..	..	..	..	22
„ „ „ „ „ Phthisis	..	..	..	..	8
„ „ „ „ „ Enteric Fever	..	..	..	..	1
„ „ „ „ „ Other Diseases	..	..	..	..	3
„ „ „ „ „ Vermin	..	..	..	..	0

Canal Boats.

34 Canal Boats have been inspected and the population occupying these boats consisted of 45 males, 25 females, and two children. The condition of the boats was good, and no action was necessary in regard to them. My books have been inspected during the year by the Inspector of the Ministry of Health and initialled as satisfactory.

Petroleum Acts.

Fifteen Licences have been granted for the storage of substances and materials coming within the meaning of Petroleum as defined in the Petroleum Acts. The licences issued being as follows :—

Calcium Carbide, three licences to store for sale a total of 1 cwt. 8 lbs.

Calcium Carbide, two licences to store for use in generating plant, 16 cwts.

Petrol, six Licences to store for sale, a total of 68,490 gallons.

Petrol, four Licences to store for use on the premises 2,240 gallons.

Mortuary.

The Stourton Mortuary has been kept ready for use at any time.

I am, Gentlemen,

Your obedient Servant,

ERNEST FREDERICK MOORHOUSE.

Annual Report for 1921.

Child Welfare, Health Visitor and School Nurse Report for Rothwell and Stourton District.

*To the Chairman and Members of the Rothwell Urban District Council,
and Members of the Sanitary and Child Welfare Committee.*

LADIES AND GENTLEMEN,

I have much pleasure in submitting to you my report on the Child Welfare work done in Rothwell and Stourton District during 1921. It has been a very hard time for a great many in this district owing to the miners' lock-out and other industrial disputes, followed by short-time and reduced wages.

The Child Welfare Committee received several applications for help from expectant mothers. 54 expectant mothers received 1 pt. of milk per day and those who cared for oatmeal received 1 lb. per week.

During April a special committee was formed to deal with the distress caused by the dislocation of the coal trade. It was decided to give help to the Infants and Children under five years old from funds raised by voluntary subscriptions in the district, and divided into five portions Rothwell, Stourton, Carlton, Loft-house, and Thorpe. Children under 2 years old receiving 1 gill or 1 pint of milk daily according to the number in family, for as long as the fund would allow it. Total amount supplied 6,550 quarts of milk.

Children over two years old received voucher for flour or bread and treacle or jam.

A few children who could not take milk were supplied with Glaxo.

The distribution of Vouchers caused a great amount of visiting *re* particulars to ascertain age and number of family and total income. The following ladies and gentlemen were responsible for the books of Vouchers, and our best thanks are due to Mrs. Moorhouse Mrs. Wade, Mr. Thurwell, Mrs. Bark and Mr. Strickland for helping the health visitors and signing all vouchers and paying all accounts, and to the Hon. Secretary (Mr. Moorhouse) for clerical work and arranging meetings.

CHILD WELFARE HEALTH CLINIC.

These Clinics were held last year every Monday and Tuesday, 2 to 5 o'clock, Monday at the Council Office, Rothwell, and Tuesday at St. Andrew's Institute, Stourton, the Health Visitor weighing and advising the mothers in regard to feeding of infants and children 1 to 5 years, also personal hygiene and clothing. The Medical Officer also examines and advises medical treatment when necessary. 774 children attended in 46 meetings at Rothwell Clinic and 673 at Stourton Clinic. Average attendance at Rothwell Clinic 16.8 and the average attendance at Stourton Clinic 14.6. This is a little lower than last year, probably due to the industrial crisis and Influenza at the end of the year, when it was thought advisable to close the Clinic for three weeks. This year we have more breast-fed babies than last year, and a good number partly breast-fed and giving supplementary feeds of cows milk. We have very few babies on patent foods but still a good number of mothers will feed their infants on dried milk owing to the poor pantry accommodation. The mothers' favourite excuse for not giving fresh cow milk being, "I can't keep it sweet all day," or "it is too late when the milkman comes."

CLOTHING.

I am pleased the fashion for free and easy woollen garments still continues. I always advise mothers to keep their children in wool or pure flannel garments next the skin. It is very seldom we get a baby in all cotton to the clinic, but many still love the mixture vest. Many mothers are knitting their children's socks vests and dresses. I have one mother who has four girls and she knitted socks, vests and dresses and caps for all four. The Infants and young children are better clothed than the School Children. We found at Medical Inspection the clothing was poorer than previous years particularly the underclothing and boots.

HOME VISITATION.

First visit to Infants after notification of birth	213	}	1,820	
Visits to babies under one year old	..					937			
Visits to children one to five years old						670			
Visits to expectant mothers				74	}	225	
Total visits to mothers	..	..	..			151
Total Visits							..		2,045

During the year 62 visits were paid to the homes of phthisis or Tubercular patients and advice given *re* fresh air and diet, and often spending a lot of time trying to persuade the patients to go into a sanatorium.

**DEATHS IN ROTHWELL AND STOURTON DURING 1921.
INFANT DEATHS UNDER 1 YEAR OLD.**

32 occurred in Rothwell Urban District, 17 of which belong to my district Rothwell and Stourton, 10 died in Rothwell and seven in Stourton. Two premature infants died before reaching one day old and another premature died at 13 days old. Three infants suffering from congenital debility died under one week old, and one under two weeks from Spina Bifida. One infant died at one month old from Dyspepsia and wasting. Three infants died of Broncho-Pneumonia at the age of 6 weeks, 6 months, and 11 months, one being a small delicate 7 months' premature baby and one was found dead in bed (aged 6 weeks), the parents not knowing it was ill. An inquest was held and the verdict being given was pneumonia. The child 11 months old was only ill a day or two. All three died before the parents knew they were seriously ill. One infant died from pertussis at 6 months old. We had several cases but only the one fatal under 1 year and one over 1 year old. A good many cases of Diarrhœa and Epidemic Enteritis received treatment, all of which recovered except two delicate children. We had a very hot summer and a great deal of trouble with the flies, owing probably to the miners' houses being kept warm by the fire burning day and night. One infant was found dead in bed with parent on which an inquest was held, death from suffocation being the verdict. This gives the total of 17 infants' deaths under 1 year, five of which died under 1 week and 8 under 1 month. It is very sad and discouraging on paying the first visit after receiving the notification form to find that the child is dead.

SCHOOL NURSE'S REPORT.

Report of School Visits, Clinic and Examination of Children in Rothwell and Stourton :—

Number of Schools Visited during the year	83
Number of School Children examined	2,121
Number of Visits to the Children's Homes .. .	333
Number of Children attending the School Clinic ..	1,188
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Total Number of Visits	3,725
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The School Medical Officer (Doctor Stephen) examined during October and November all children five years, eight and 13 years old. All complaints and defects being notified to the parents who are advised to at once see their own medical man or go to the Leeds Infirmary or Dispensary. The School Oculist examined the children found with defective eyesight during Medical Inspection both at Rothwell and Stourton. A great many needed glasses and were supplied at reduced rate from County Hall, Wakefield.

In conclusion, I wish to thank the Chairman and Members of the Council, the Chairman and Members of the Sanitary and Child Welfare Committee, also all the ladies of the Sub-Committee of the Child Welfare who come and kindly assist in making tea for the mothers and selling the dried milk and tonics.

To all of these sincere thanks are due for their kind consideration and help during the past year.

I remain, Ladies and Gentlemen,

Yours faithfully,

E. ABRAM,

Health Visitor and School Nurse.

HEALTH VISITOR'S REPORT.

CARLTON AND LOFTHOUSE-WITH-THORPE DISTRICT.

*To the Chairman and Members of the
Rothwell Urban District Council.*

GENTLEMEN,

I have much pleasure in submitting to you my fifth Annual Report upon the Child Welfare work done in the above district during the year 1921.

NOTIFICATION OF BIRTHS.

During the year 136 births have been notified and registered, four of this total being still-born, leaving 132 to be re-visited.

HOME VISITATION.

Visits made to Children under 12 months	1,007
„ „ „ 1 to 5 years	1,377
„ „ Expectant Mothers	83
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Total	2,467
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Children who have attained the Age of 5 years.

Complete and accurate records of the growth and development of the above named children have been kept, and the cards forwarded to the Schools for reference at the School Medical Inspection. Since my last report new Home Visiting cards have been supplied, and as these are separate and distinct from the Infant Clinic cards (which latter are kept at the Lofthouse Wesleyan School) the work can be more efficiently carried out, with much saving of time.

EPIDEMIC DIARRHŒA.

This complaint was prevalent during the close weather. Supervision and attention were given, treatment being carried out both at the homes of those affected and at the Infant Centre. No deaths occurred.

OPHTHALMIA NEONATORUM.

Only one case of the above was notified, several visits made, and under treatment a speedy recovery was effected.

PUERPERAL FEVER.

No case occurred. The absence of this complaint shows the care taken by our doctors and midwives.

TUBERCULOSIS.

Three cases have been notified and visited. Sanatorium treatment has also been given. 132 visits have been made to patients on our books.

LOFTHOUSE INFANT CENTRE.

A session is held each Monday afternoon—2 to 5 p.m.—and as anticipated in my report last year, the more spacious accommodation provided has caused a steady increase in the attendance, the numbers being :—

Mothers	..	..	..	..	971
Children	..	..	..	..	950

an average attendance of 23 and 22 respectively and this in a sparsely populated district, the mothers in many instances having a considerable distance to travel. The Medical Officer of Health attends the Clinic regularly, examining the infants and instructing the mothers. Lectures and demonstrations are given by the Health Visitor who receives much support from the ladies of the Sub-Committee who are very enthusiastic. Among the multifarious matters that require attention are the following, from which it will be seen what a real help these ladies are to the Health Visitor as well as to the mothers and children themselves :—

- (1) Entering the Register.
- (2) Supplying Virol, Cod Liver Oil, Dried Milk, &c. (These articles are sold at cost price in necessitous cases).
- (3) Weighing the Babies.
- (4) Attending to the Babies' Clothing Department.
- (5) Supplying the mothers with a cup of tea. (The tea is sold at cost price).

Every effort is made to make the mothers feel at home and it is safe to say that they much appreciate what has been done for them by the Council.

RECORD OF SCHOOL NURSE'S WORK.

Visits to Schools during the year	..	..	..	80
„ „ with School M.O.	..	..	..	5
„ „ Homes of Defective Children	..	..	..	763
Children Examined at School	..	..	..	2,777
Attendance of Children at School Clinic	..	..	..	780

In conclusion, I wish to thank the Chairman and Members of the Council, the Chairman and Members of the Sanitary Committee, the Medical Officer of Health and the ladies of the Sub-Committee for their kind consideration and help during the year under review.

I am, Gentlemen,

Your Obedient Servant,

M. E. JOLLY.